ICMR ACMH No. 5

MANUAL OF MENTAL HEALTH CARE FOR MULTIPURPOSE WORKERS

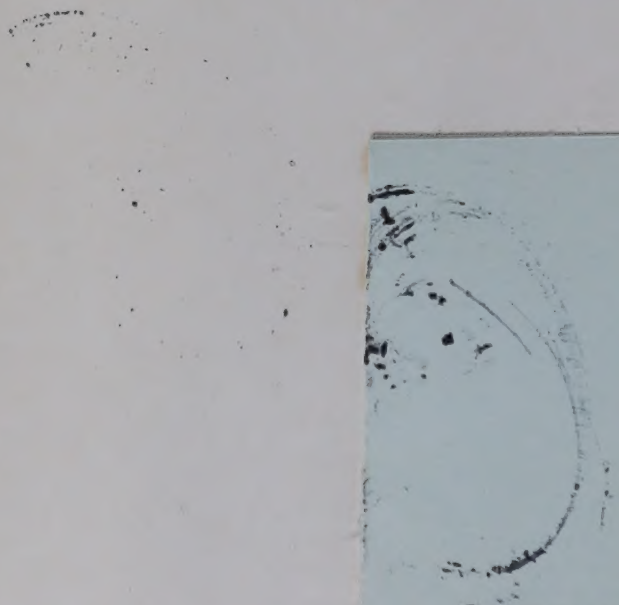
ICMR CENTRE FOR ADVANCED RESEARCH
ON COMMUNITY MENTAL HEALTH

NATIONAL INSTITUTE OF MENTAL
HEALTH AND NEURO SCIENCES
Bangalore-560 029 (INDIA)

SECOND REVISED EDITION

1988

Printed with the Support from WHO Country Funds MNH/001 1987–88



MANUAL OF MENTAL HEALTH CARE FOR MULTIPURPOSE WORKERS

AUTHORS

Dr. R. SRINIVASA MURTHY
Dr. C. R. CHANDRASHEKAR
Mr. NAGARAJAIAH
Dr. MOHAN K. ISAAC
Dr. R. PARTHASARATHY
Mrs AHALYA RAGHURAM

ICMR CENTRE FOR ADVANCED RESEARCH ON COMMUNITY MENTAL HEALTH
Department of Psychiatry
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
Bangalore-560 029 (INDIA)

Printed with the support from WHO Country Funds MNH/001 1987-88

Manual of Mental Health for Multipurpose Workers

First Impression 1985

Second Revised Edition 1988

Published by

ICMR Centre for Advanced Research on Community Mental Health,
Department of Psychiatry, NIMHANS,
Bangalore– 560 029. (India)

Printed with the support from WHO Country Funds, MNH/001 1987-88.

Authors

Dr R SRINIVASA MURTHY,
Professor & HOD, Deptt. of Psychiatry, NIMHANS, Bangalore.

Dr MOHAN K ISAAC,
Assoc. Professor, Deptt. of Psychiatry, NIMHANS, Bangalore.

Dr C R CHANDRASHEKAR,
Asst. Professor, Deptt. of Psychiatry, NIMHANS, Bangalore.

Mr NAGARAJAIAH,
Tutor, Deptt. of Nursing, NIMHANS, Bangalore.

Dr R PARTHASARATHY,
Asst. Professor, Deptt. of Psychiatric Social Work, NIMHANS, Bangalore.

Mrs. AHALYA RAGHURAM,
Lecturer, Deptt. of Clinical Psychology, NIMHANS, Bangalore.

Printed at Sudin Offset, Bangalore–29

COPIES OF THIS MANUAL CAN BE OBTAINED FROM : **Dr R Srinivasa Murthy, Officer-in-charge, ICMR Centre for Advanced Research on Community Mental Health, Department of Psychiatry, NIMHANS, Bangalore–560 029 (India).**

Contents

FOREWORD i
PREFACE iii
INTRODUCTION TO THE SECOND EDITION v

Chapter 1
Mental Health as part of General Health Care 1

Chapter 2
Brain and Behaviour 7

Chapter 3
Mental Illnesses 11

Chapter 4
General Approach to the Mentally Ill 19

Chapter 5
Psyschoses 21

Chapter 6
Epilepsy 33

Chapter 7
Neuroses 39

Chapter 8
Mental Retardation 43

Chapter 9
Alcohol and Drug Dependence 51

Chapter 10
Mental Health Skills Relevant to Primary Health Care 55

Chapter 11
Responsibility of a Health Worker 59

Annex 1 74
Annex 2 75

Foreword

Mental illness is an age old problem of mankind. It is recorded in the oldest literatures of all cultures all over the world. Till recently, the exact causes of mental illnesses were not known and there were few effective treatment methods. Mental patients were often a source of disturbance to others. Initial efforts were to isolate them from others and keep them in closed places called 'asylums'. This did not solve the problem. When these patients had to live away from their family members and stay within the limits of the four walls of the mental hospitals, they often deteriorated. Their suffering increased. This led to fear of 'Mental hospitals'. The general public hesitated to bring their mentally ill relatives to these hospitals.

In India, most states have only one or two mental hospitals and people find it difficult to reach these centres. In the last 30 years, sufficient research has been carried out to understand the nature of mental illnesses and to evolve effective treatment methods. Currently, inexpensive and effective treatment methods as well as drugs are available. However, these facilities have not reached the patients who live in the rural areas. Since majority of our population live in rural areas, large number of mental patients do not get the benefits of modern treatment.

At NIMHANS, Bangalore, during the last 10 years, efforts were directed to examine the feasibility of treating mentally ill persons in their own homes. The results of these experiences have shown that most of these patients can be cared for in their homes, using a limited range of inexpensive drugs, family counselling and support. Trained doctors and paramedical personnel can effectively look after these patients and help them to recover early. This means that mental health care can be provided at primary health units and primary health centres by which people can easily make use of them.This involves minimum expenditure and no social stigma.

In India, a National Mental Health Programme (NMHP) has been formulated. This programme aims to integrate mental health care in to the existing general health system. The NMHP was approved by the Central Council of Health and Family Welfare in 1982. For the first time in the country, since April 1982,Ministry of Health and Family Welfare of Karnataka state started deputing doctors and health workers for inservice training in mental health care at NIMHANS, Bangalore,on a regular basis.

In the above approach, health workers would identify people with mental illnesses in their areas, bring them to primary health centres for treatment and

manage them in the community. Some of the patients need care over a long period of time. Health workers, as they visit the homes to carry out other health programmes, can follow-up the mentally ill persons. They can educate people to increase the awareness about mental health and gradually remove their misconceptions and unscientific practices. This Manual describes how this can be achieved by the health workers. I hope that this Manual serves as a guide for them in this task, and result in better care for mentally ill in our country.

Dr. G.N. NARAYANA REDDY
Director
NIMHANS, Bangalore.

March 1988

Preface

The various general population surveys of mental illnesses carried out in different parts of India during the 1960's and 1970's showed that these illnesses are as common in our country as it is elsewhere and are equally common in rural and urban areas. Simple inexpensive and effective treatment methods for many of these serious and disabling disorders, are now available. In India, currently psychiatric care is provided mainly through custodial mental hospitals and general hospital psychiatric units, all of which are situated in the cities. It is estimated that these existing services presently cater to only about 10 percent of those requiring mental health care. There is an urgent need to develop and evaluate alternative approaches to mental health care delivery system which is feasible and relevent to the Indian situation.

The Department of Psychiatry at the National Institute of Mental Health and Neuro Sciences,one of the oldest and largest in the country,took up the challenge of extending mental health services into the communty as early as 1975. A specially designated and staffed 'Community Psychiatry Unit' was established under the leadership of Prof. R.L. Kapur in 1975. The main aim of the Unit was to extend mental health services by integrating it with the existing system of primary health care. For this, the primary health care staff had to be trained in basic mental health care. More specifically, the task of the unit was to develop, carry out and evaluate suitable short-term training programmes in basic mental health care for different categories of health care personnel, so that after training, these personnel could provide mental health care in their respective areas of work.

A rural mental health training centre was established at Sakalawara (community mental health centre of NIMHANS) near Bangalore. A service programme was developed. Feasibility exercises were carried out in villages around Sakalawara. Based on these experiences, simple manual of instructions and short training programmes for medical officers and multipurpose workers of PHCs were developed. Pilot training programmes were carried out and evaluated at Primary Health Centres of Malur and Anekal (Kolar and Bangalore Districts, Karnataka state). These pilot programmes helped the unit to crystalise the educational objectives for the mental health training of PHC personnel and meaningfully rewrite the manuals of instructions in basic mental health care. The revised manuals were used for training batches of multipurpose workers and medical officers of various PHCs of Gulbarga and Mysore divisions (Karnataka state) who were deputed to the Sakalawara training centre for a two week training in mental health from April 1982.

The experience of training batches of PHC personnel and the feedback given by these trainees have incorporated in the revision of the manuals. Regular reviews of the manuals by post-graduate trainees from various disciplines at NIMHANS posted to the Community Mental Health Unit and the unit staff have resulted in the current form of the manual.

This manual for multipurpose workers in its present form was rewritten by the authors for publication and larger use. It is hoped that this manual made available in different Indian languages will augment the integration of mental health into the primary health care services, in various parts of the country.

Dr. S.M. CHANNABASAVANNA.
Dean,
NIMHANS, Bangalore.

March, 1988

Introduction to Second Edition

In the 3 years since the first edition of the **Manual of Mental Health for Multipurpose Workers** was published, it has been widely used in a number of centres. The manual has also been critically evaluated by a number of Professionals. A result of these inputs and experiences has been the revised edition of the manual.

Four specific changes that have been suggested by experts have been incorporated. They are : (i) add visual materials in the manual, (ii) add flow-charts for the management, (iii) add a chapter on alcohol and drug dependence, and (iv) add a chapter on mental health skills relevant to primary health care. For this purpose the help of two available manuals namely, WHO Manual on *Drug-dependence and alcohol related problems* (WHO, 1986) and the *Manual of Mental Health for Primary Health Care Personnel* by Wig N.N. and Srinivasa Murthy, R. have been taken.

Ms. Ahalya Raghuram has joined as one of the authors in place of Ms. Nomita Verma.

We **acknowledge** the following contributions from :

- Past and present staff of the Community Mental Health Unit,
- PHC personnel of Malur Block, Anekal Block, Solur Block, Gulbarga Division and Mysore Division who participated in the mental health training at NIMHANS and suggested modifications.
- Over 100 mental health professionals from different parts of India and South-East Asia who participated in the 4-week Training of Trainers Programmes and reviewed the manual as part of the training.
- Professional colleagues in other centres who used the manual and shared their experiences,
- Director, NIMHANS and H.O.D., Psychiatry, NIMHANS, Bangalore.
- Dr. A.S. Paintal, Director General, ICMR, New Delhi.
- Dr. Usha K. Luthra, Addl. Director General, ICMR, New Delhi.
- Ministry of Health and Family Welfare, New Delhi for support to print this Manual from the WHO country funds (1987-1988), MNH/001.
- Mr Soman Ponnempalath, Asst. Editor, ICMR Centre, NIMHANS, for editorial help.
- Mr. Govindaraju, Artist, ICMR Centre, NIMHANS, for the drawings.

Chapter – 1

Mental Health as Part of General Health

THERE is a popular saying "Health is Wealth". Everyone wants to be healthy. However, the absence of illness alone does not indicate good health. A healthy person has a sound body. He is happy and contented. He has the ability to face difficulties, losses and frustrations. He is capable of living in harmony with others. In addition to being happy himself, he is able to contribute to the happiness of others and be creative. He has certain moral and spiritual values. Only such a person who is physically, mentally, socially and spiritually well balanced, can be considered to be "healthy".

People become physically ill due to many reasons like : (i) lack of proper nourishment, (ii) bacteria, viruses etc. which are responsible for causing various diseases by entering the body, (iii) changes in the environment, (iv) injury to the body, and (v) lack of activity can also lead to illness. When a person is ill, the individual consults the doctor and takes treatment.

Like the body, the 'mind' too can become ill. A mentally ill person's sense of well-being and equilibrium are disturbed. The various mental functions such as thinking, emotion, memory, intelligence, decision making etc. are disturbed. Talk and behaviour can become abnormal. The ability to work satisfactorily can also be impaired.

Most people can easily understand the difficulties that arises as a result of damage or dysfunction in any part of the body. For example, people know the problems that occur as a result of high fever, blindness or a broken leg. Everyone can easily sympathise with a person who is physically ill or disabled. However, most individuals do not understand what it is to be mentally ill. As a result, the general public fail to sympathise with such persons and often neglect or ridicule them. When a person becomes mentally ill, he is often not taken immediately to a hospital for proper treatment. The problem is further worsened as it is also difficult to provide proper treatment since mental health care facilities are limited and available only in big towns and cities.

As a health personnel you are already aware of the goal of "Health For All by the year 2000 AD". India has also accepted this goal. PROVISION AND PROMOTION OF MENTAL HEALTH CARE IS ONE OF THE 8 COMPONENTS OF PRIMARY HEALTH CARE. Therefore, the medical officers, multipurpose workers and other health staff of the primary health centres have responsibility of providing basic men-

tal health care to the community as an integral part of health care. Integrating mental helath services with the existing health care system is accepted as an effective method of providing mental health care in the community.

Mental Health facilities and the mentally ill in India

House to house surveys to estimate the number of mentally ill in a given community have been conducted in our country and in different parts of the world. According to the figures given by the World Health Organisation, in any country (including ours), **one per cent of the population** suffers from severely incapacitating mental illnesses which require urgent intervention, and 10 per cent from mild mental illnesses. This would mean there are 6-7 million severely mentally ill persons and 10 times that number of mildly ill persons. You are all aware that a large majority of our people live in rural areas. Thus, most of the mentally ill persons too, are living in the rural areas.

It has also been observed that nearly 15–20 % of people who seek help in primary health care facilities (PHC, PHU, & dispensaries),general hospitals or private clinics, actually suffer from mild mental health problems. However, most of the health personnel do not recognise these problems as mental health problems and consider instead, that they have some physical illness. Patients take various drugs and try different treatment methods in order to get relief, which is usually not beneficial.

While there are millions of people suffering from various types of mental illnesses. the mental health care facilities available for them are very limited. There are only 41 mental hospitals in the country with about 20,000 beds. Of these, more than 50 per cent beds are occupied by long-stay patients. (In the state of Karnataka, there are two mental hospitals, one in Bangalore with 800 beds and the other in Dharwad with 300 beds). The number of mental health specialists in the country is also limited. There are only two psychiatrists for one million population whereas in developed countries, there are upto 100 psychiatrists for one million population. Recently psychiatric units have

From **Directory of Hospitals in India** (1985)

been established in Medical College Hospitals and in a few general hospitals But it is very important to remember that most of these facilities are available only in the large cities and towns , none are available in the rural areas.

Reasons for under-utilisation of mental health facilities

Most people do not make use of even the available limited facilities. It is estimated that less than 10 per cent of patients who need help, actually take modern treatment. A large majority of patients remain without getting help of any sort because of ignorance, fear, stigma, misconceptions and wrong beliefs regarding the causes and treatment of mental illnesses. Many believe that mental illnesses are caused by evil spirits, black magic, witchcraft, influence of bad stars and bad deeds committed in the past or present life. Therefore, they seek the help of faith healers, *mantravadis* and magicians who perform pujas, counter-magic, exorcism, offer prayers to Gods or give native / herbal medicines They do not know that by using modern medicines doctors can treat mental illnesses effectively.

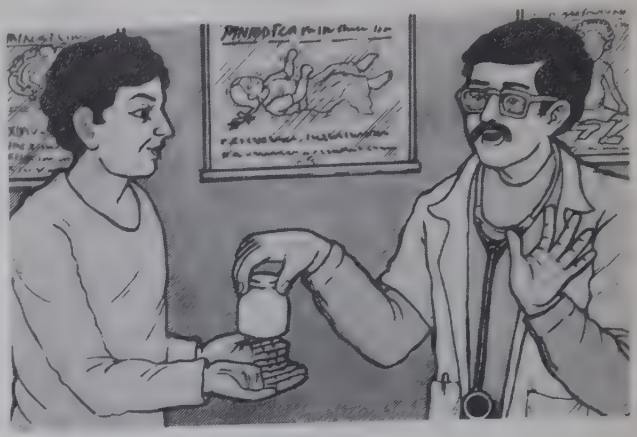
People have many fears about mental hospitals. They believe that mental hospitals are places where only dangerous mentally ill individuals are treated with restraint as a major approach. Hence they hesitate to take their relatives to these hospitals for treatment. Further, an ex-patient of a mental hospital as well as his family members are often socially isolated and stigmatised. Therefore people seek help from mental hospitals only as a last resort.

Distance is another important factor. There are only one or two mental hospitals in most of the states. They are often too far away for the majority of the needy persons and their families cannot make use of their services on a routine and regular manner.

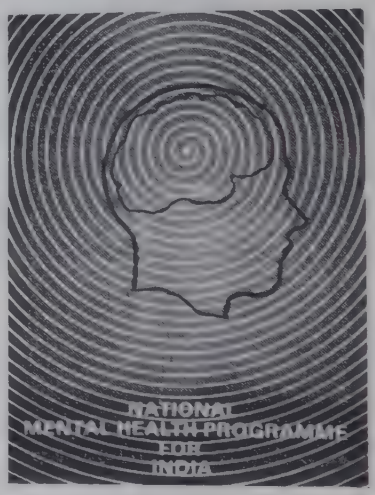
Poverty and lack of financial support is yet another important problem. In our country a large proportion of the population is poor. Hence they lack the money and other means of help to take the patient to the hospital or buy medicines for him. This factor delays seeking proper help.

Some groups of patients with mental disorders require medication over a long period of time. They have to see a doctor periodically. Almost all epileptic patients

need drugs for 3-5 years. As mentioned earlier, most rural patients find it difficult to come even for the first consultation and treatment.Hence the follow-up visits by those who reach treatment facilities are irregular. Some may stop altogether after first contact. They return only if there is a relapse. Irregular treatment results in poor or unsatisfactory improvement of the patients. The poor recovery results in the loss of faith in hospital treatment. Alternatively they seek help from other healers who often promise instantaneous relief or cure. When patients do not improve with these alternative treatments, families stop making any further attempts. Out of frustration and hopelessness they are considered "incurable" and left to themselves.



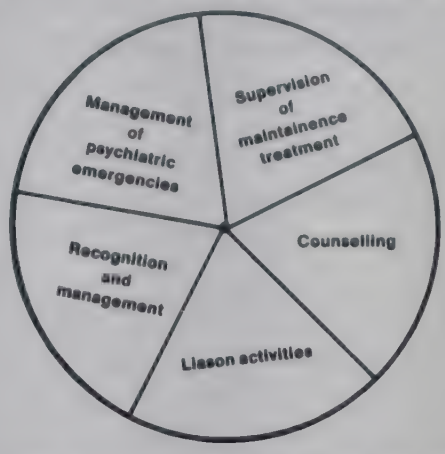
The care of the mentally ill was largely limited to mental hospitals and psychiatric units of big hospitals till 1975. At this point of time, recognising the need to provide basic mental health care as close to the people as possible, efforts were made to develop models of mental health care as part of primary health care. The initial efforts were made at Bangalore, South India and Chandigarh, North India. Subsequently, similar experiences were reported from centres at Baroda, Patiala and Calcutta. **These experiences identified the priority conditions for care at primary health care, manuals for training and simple records and essential drugs for mental health care.**



In August 1982, the National Mental Health Programme (NMHP) was developed by the Government of India to **'ensure availability and accessibility of minimum mental health care for all in the forseeable future, particularly to the most vulnerable and underprivileged sections of population'.** The approaches outlined are:(i) diffusion of mental health skills to the periphery of the health service system, (ii) appropriate allocation of tasks in mental health care, (iii) integration of basic mental health care into general health services, and (iv) linkage to community development.

The NMHP outlines the treatment sub-programme at the village and sub-centre level as follows :

Multi-purpose worker (MPW) and health supervisors will be trained to deal with the following problems within their own community under the supervision and support of the medical officer : (1) management of psychiatric emergencies (e.g. acute excitement, crisis situations.) through simple crisis management skills and appropriate utilisation of specified medicines, (2) administration and supervision of maintenance treatment for chronic psychiatric conditions in accordance with guidance by supervisors, (3) recognition and management of grandmal epilepsy (particularly in children) through utilisation of appropriate medicines under the guidance of a medical doctor, (4) liaison with the local school teacher and parents in matters concerning the management of children with mental retardation and behavioural problems, (5) counselling in problems related to alcohol or drug abuse. These tasks wil be performed in accordance



REMEMBER

- *One percent of the population suffers from severe mental* ***illnesses*** *and ten percent from mild mental* ***illnesses***
- *The mental health care facilities available in the country are limited and under utilised.*
- *Most of the mentally ill persons in rural areas are not getting the benefit of modern treatment because of a variety of reasons.*
- *The primary health care personnel can provide mental health care to the people in an effective and inexpensive manner.*
- *Health includes physical, mental, social and spiritual wellbeing.*
- *Like our body, our mind too, can become ill.*
- *Body and mind are closely related to each other. If one is disturbed, its consequences are seen on the other.*
- *Mental health care is part of general health care.*

with simple operational instructions included in the MPW's manual. For each task, an appropriate difficulty / severity level will be specified, beyond which the problem would be automatically referred to the next level of health care.

This manual is aimed to meet the above need of integration of mental health with primary health care. This is based on the field work and the experience of persons working at the primary health care. □

Chapter – 2
Brain and Behaviour

MAN is a social being. He lives in a society consisting of other people like himself. He can think, remember events, express his feelings, perceive the world around him, solve problems and be creative. He can communicate with others and influence others' behaviour. He can understand nature and its varied phenomena like day and night, lightning and thunder, rain and floods etc. He can create things and enjoy the beauty of things and people. He generally uses the methods of science these days to learn and understand situations.

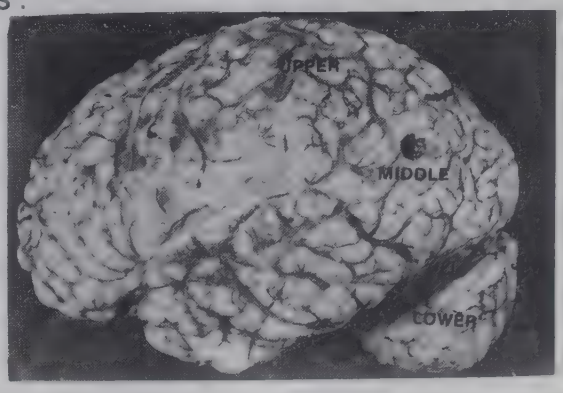
As noted in *Chapter – 1*, the mental functions can be disturbed similar to physical functions. These disturbances are manifested in the alteration of the above functions of thinking, feeling and general behaviour. However, whenever a person develops behavioural abnormalities very often spirits, demons, supernatural forces, magic, sorcery and fate are considered as explanations for the abnormal behaviour, rather than considering it as an illness or malfunctioning of the mind. Abnormal behaviour can be studied and understood in the same way as normal behaviour. Behaviour is determined by the adequate functioning of an important part of the body, namely, the brain. It is also determined by the past and present experiences of the individual and the learning that occurs in the family, the school and the society. This section will consider the current understanding of the basis of behaviour.

THE BRAIN

Brain is situated within the head in a hard bony case called the 'skull'. It weighs about 1250 gms. It is made up of a large number of minute units called the nerve cells (Neurons). All these nerve cells are connected to each other and in turn connect one part of the brain to another. They transmit messages from one cell to another. This transmission is mediated by certain chemical substances in the brain.

The brain can be divided into 3 major parts :

1. **The lower part :** This part is responsible for the important functions of breathing, functioning of the heart and awareness of the outside world (consciousness). Any injury or dysfunction in this part of the brain can lead to loss of consciousness disturbances in vital functions like heart rate, respiration and death.



2. **The central part :** This part controls our feelings (eg : anger, joy, fear, anxiety) and other bodily functions such as hunger, thirst and sex.

3. **The upper part :** This part is responsible for our speech and language, thinking, remembering, judgement, decision making and social behaviour.

The brain starts developing as early as four weeks after conception. By about 2 years of age, its development is nearly complete. Proper nutrition for the pregnant mother and a balanced adequate diet for the baby during the first two years of life are therefore very essential for the normal development of the brain. Stimulation of the various abilities of a child during the early years is also very important for the complete development of the brain and its functions. Thus the proper functioning of the brain is important for normal mental functions.

The other important factors contributing to day to day behaviour are life experiences. We behave differently at different times. Sometimes we are happy, cheerful and relaxed while at other times, we are tense and irritable. Sometimes we enjoy the company of others and help them while at other times, we prefer to be alone. Our behaviour thus varies with time, persons and situations. Current understanding has shown the importance of the following specific factors.

Stress : Events that occur in our daily lives influence our behaviour. For example, the death of a loved person causes sadness, poor sleep and appetite, disinterest in work and preoccupation with thoughts about the dead person. The loss of job or quarrel with others can result in feelings of anxiety, tension, worry and associated disturbed sleep. Events happening in the environment also influence our behaviour indirectly due to the impact that they have on our lives eg : wars, natural calamities like earthquakes, floods etc. During these periods, people seeking help from medical facilities is greater.

Past experiences : Our behaviour is influenced by the way we perceive the world, the way we think and feel and by our memories of past events. Past experiences modify and guide day to day behaviour. Most behaviour can be considered to be the result of the following aspects :

Changes within the body : Sometimes our behaviour is related to certain changes occuring within the body. For example : due to the maturation of the sexual organs, adolescents (12-15 years age) often show marked fluctuation in behaviour. So also changes in the levels of certain chemical substances found in the brain causes disturbances in behaviour and can result in mental illness. Physical discomfort or illness can also change one's behaviour. Eg : A person with headache or pain in abdomen may become irritable and shout at others.

Unconscious processes : We are aware of most of our current experiences and hence have greater control over them. However there are other experiences which we are not aware of and hence are not within our control For eg certain thoughts or experiences which are unpleasant or considered wrong are pushed out of our awareness. They are not forgotten and they reappear in certain situations, not in their original form, but in a modified way and influence our behaviour.

Age : Behaviour changes with age. As babies we communicate all our needs or discomfort by crying. This is because our emotions are not fully developed and we have not yet learnt other ways of behaving. As we grow up we interact more and more with different people and learn different ways of behaving from them. We learn to control our emotions and behave in a way that is acceptable to society.

Society : All societies have norms that guide the behaviour of people. Any person who breaks these rules is considered different or abnormal. For example : a person who runs naked on the road or who abuses others for no apparent reason is considered abnormal and thus invites rejection by others or punishment. Similar rules of conduct guide the use of alcohol and inter personal relationships.

Thus behaviour can be understood in relation to the person himself, his attitudes, childhood training, the changes that have taken place in life and in relation to society. **Behaviour is the sum total of all our actions and interactions with the physical and social environment.**

Most behaviours are learnt and can be controlled by the person himself. Those behaviours that are praised usually tend to continue. Those behaviours that are punished tend to decrease. Behaviour is thus shaped and modified by the reactions of family members and others in society. □

REMEMBER

* *Brain is an important organ of the body and is responsible for behaviour.*
* *Behaviour is understandable and can be modified.*
* *Behaviour can be disturbed due to brain dysfunction as well as personal and social experiences.*

Chapter – 3
Mental Illnesses

ALL of us get emotionally disturbed at different times due to a variety of reasons. Sometimes we feel sad while at other times, we experience tension and anxiety. We get irritable, angry and occasionally behave peculiarly in response to certain situations. Usually, such behaviours do not last very long, and further the routine activities are not affected. Generally such behaviours do not disturb others. These day to day changes are not considered to be abnormal. Such reactions are considered as being "off mood", "emotionally upset", "losing temper" etc.

What is mental illness ?

Generally behaviour is considered abnormal and is suggestive of mental illness when it occurs without an understandable reason, it is exaggerated, it lasts for a long time and causes disability to the individual or others.

Three **characteristics** of mental illnesses are :

1. Recurrent changes in one's thinking, feeling, memory, perceptions and judgement resulting in abnormalities in talk and behaviour.

2. These changes cause distress and suffering to the individual or others around him or both.

3. The changed behaviour and the consequent distress cause disturbances in day to day activities, work efficiency, and relationship with others (social and occupational disability).

For example, most students become anxious at the time of examinations. They are worried whether they would pass and are afraid of the consequences of failure. Yet majority of them take the examination. Only a few become so anxious that they cannot study. Such students complain that they forget whatever they read and often stay away from the examination. They are unable to sleep soundly. They become increasingly worried about their difficulties. The latter group can be considered to has an emotional illness.

It is natural for a mother to feel sad when a child or close family member dies. She may not eat properly or sleep well and can be disinterested in routine life. This may continue for about 3 to 4 weeks after which she gradually accepts the loss and starts attending to her daily work once again. But if she continues to feel sad about the

death, frequently weeps, neglects the other children and the household work for many months after the loss, her sadness is considered "abnormal" and a feature of mental illness.

Occassionally, individuals may be unable to sleep or fail to eat properly due to poor appetite. By straining themselves or thinking too much some persons get a headache and feel exhausted.These experiences usually last only for short periods of time. But if they recur frequently and last for long periods of time, they can become disturbing. They could then be considered as a 'feature of mental illness'. **Therefore, for a person to be considered mentally ill, he should have symptoms which bother him and/or others around him and disturb his daily routine.**

The following section presents the common features of the different mental illnesses. Any one individual will not show all the features.

1. Disturbances in bodily function

a) ***Sleep :*** The ill person finds it difficult to fall asleep. He lies awake or sits and worries about his inability to sleep. At times he may wake up in the middle of the night, and finds it difficult to fall asleep again. He may have disturbed sleep throughout the night or may not sleep at all. He doesnot feel fresh in the morning. Any of these types of sleep disturbance can be present.

b) ***Appetite and food intake :*** The ill person does not have proper appetite and eats less. At times although appetite is normal, the individual cannot enjoy what he eats. Loss of weight can be present.

c) ***Bowel and bladder functions :*** The ill persons may pass urine more frequently than usual. He may have loose motions or become constipated. Some patients may soil their clothes remain unaware of it.

d) ***Sexual desire and activity :*** Patients may lose interest in sex. He may also complain of impotence.

2. Changes in mental functions

a) ***Behaviour :*** The ill person behaves peculiarly and in an ununderstandable manner. His Behaviour may irritate family members and other people or place them in awkward and embarrassing situations. The patient's behaviour can be dangerous to himself and others. The individual may become overactive, restless and wander aimlessly. He may abuse and beat others for trivial or no reason.

On the other hand the individual can be very dull, inactive and lose interest in the day to day activities around him. He may sit or lie down for hours or at times, days together, refusing to move even to attend to his bodily needs.

b) ***Talk*** (thought process) : The ill person may talk excessively and unnecessarily or he may utter only a few words and remain silent. At times his talk becomes irrelevant and ununderstandable. The individual may express certain peculiar and wrong beliefs which are not shared by others. For example, patient may say that somebody is pumping poisonous gas into his eyes, that thousands of worms are crawling under his skin or that every food article served to him is mixed with poison.

c) ***Emotions*** (feelings) : Patient may exhibit excessive emotions of sadness or happiness. Emotions inappropriate to the situation may be shown. In contrast, some may be unable to express any emotion at all and just sit like a statue. Others may laugh or weep for no apparent reason.

d) ***Perception*** (sensations) : The ill person's ability to understand the various stimuli reaching him through the five senses can be disturbed. The individual may often misinterpret them. He may hear sounds that others do not hear and say that he can see his enemies coming to kill him. He may see figures on the wall and believe that it is a devil. Mentally ill persons can see things which are not present or which are not seen by others. They can hear voices from empty spaces, often spurious sensations are also reported. Thus, even without any external stimuli, patients perceive things and react to them. This is known as "hallucination". For example, when the patient hears some voices, may in turn start abusing or threatening the imaginary persons. On seeing someone with a weapon patient may run away to hide himself or attack others. A patient who is hallucinating, can be seen talking to self, laughing or weeping, wandering in the streets and arguing or behaving abnormally.

e) ***Memory :*** The patient's memory may be disturbed and as a result can report forgetting important matters. The individual may forget whatever he sees, hears or experiences within a few minutes. He may be unable to remember where he has kept common articles of daily use such as money, clothes, keys, umbrella etc. He may not remember the transactions carried out a few days earlier or people whom he has met a week back. He may lose the capacity to remember his past and may even find it impossible to recall the names of his children, where his brothers and sisters live etc. In severe cases, individual may lose his way even in a familiar place.

f) ***Intelligence and judgement :*** In some mental illnesses, intelligence and the ability to take decisions deteriorate. The ill person can lose the capacity to think clearly and hence may commit mistakes in his routine work. The patients may not be able to do even simple arithmatic and appear like a dull person.

In many ill persons, the ability to take appropriate decisions in a variety of situations is impaired or lost. He may take wrong decisions which can result in difficulties for himself and others. For example, he keeps quiet even after seeing a child falling and getting hurt.

g) ***Level of consciousness :*** In some mental illnesses, due to brain damage there can be changes in the level of consciousness. The patient can also become disoriented to time place and persons.

3. Changes in personal and social activites

Personal : The ill person can neglect bodily needs and personal hygiene like not washing, not combing his hair, refusing to bath or change his clothes. Patients can remain unclean for many days and not bother even when such neglect causes discomfort. At times they may even soil their clothes and bed.

Social : The patient behaves strangely with family members, friends, colleagues and others by insulting, abusing or assaulting. The individual can behave inappropriately in social situations and embarrass others. He may be rude to others which annoys them or results in others making fun of him.

In summary, as part of mental illness there can be alterations in thinking, feeling and general behaviour in the form of **too much, too little or abnormal manifestations.**

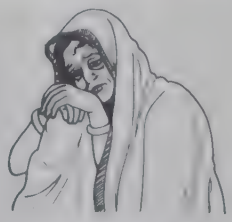
Types of mental illnesses

There are different types of mental illnesses. Some are severe while others are mild in nature. Mental illnesses can be broadly grouped into :

1. Psychosis : Severe types of mental illnesses
2. Neurosis : Minor types of mental illnesses
3. Other disorders : i) Epilepsy
   ii) Mental Retardation
   iii) Alcohol and Drug Dependence.

Psychosis : This is a severe type of mental illness in which patients talk and behave abnormally. The functions of the body and mind are **severely disturbed** resulting in gross disturbances in individual and social functions. Patients lose touch with reality and people label them as "mad". Patients are not fully aware of the consequences of their behaviour. Ill persons do not believe that they are ill and hence, often refuse to take treatment. Psychosis, at times may be associated with known physical illnesses such as diabetes, high blood pressure, tuberculosis or other diseases affecting the brain.

Neurosis : This is a mild type of mental illness in which patients have either an excessive or a prolonged reaction to a particular stress. They have symptoms like anxiety, fear, sadness, vague aches and pains and other bodily symptoms. In contrast to psychosis, these patients are aware of their problems, seek help for it and recognise that they are ill.



Epilepsy : This is an illness which occurs as 'attacks' during which there is loss of consciousness, falling down and rhythmic movements of the body. Children and young adults are usually more affected than others.

Mental Retardation : Persons with mental retardation are slow in their mental growth and capacity for social adjustment.

Alcohol and Drug Dependence : Use of alcohol and other intoxicating drugs can lead to dependence, manifesting an intense desire to use it regularly, withdrawal symptoms on stopping and interference in social and occupational life.

Causes of mental illnesses

Mental illnesses can be caused by a variety of factors as follows:

1. Changes in the brain : Any change either in the structure or functions of the brain can cause mental illness. Biochemical changes at the level of the nerve cells are the cause in a majority of the severe type of mental illnesses (Psychosis). Dam-

REMEMBER

- *Mental illnesses, are seen as certain abnormalities in the bodily and mental functions. Patients individual and social activities are also disturbed.*
- *There are different types of mental disorders*
- *The most important mental disorders are psychosis, neurosis, epilepsy, mental retardation and alcohol and drug dependence.*

age to the brain due to any of the following reasons can also cause mental illness a) infections, b) injury, c) poor blood supply, d) bleeding, e) tumors, f) alcohol intake for long periods, g) vitamin deficiencies, and h) untreated epilepsy.

2. Hereditary factors : In a few cases of mental illness, there may be someone else in the family suffering from a similar illness. In most cases however, there would not be anybody in the family with a similar mental illness. The tendency or proneness to develop a mental illness can be transmitted to an individual but whether the person actually manifests the illness depends on many other factors.

3. Childhood experiences : Adequate love and affection, suitable guidance, encouragement and discipline are all necessary for the healthy growth of a person. If they are not adequate and there are repeated unhappy experiences in childhood, they can result in mental illnesses in adult life.

4. Home atmosphere : Frequent quarrels, misunderstandings among the family members, lack of warmth and trust among them can have undesirable effects on the person. Such an individual when faced with stress and strain, in later life, can become ill as he lacks the necessary skills to deal with the situation or to control his emotions.

5. Other factors : If an individual does not get equal opportunities and facilities to live as an accepted and respected member of the society, he suffers and can develop mental illness. Poverty, unemployment, injustice, insecurity, severe competition and social discrimination contribute to development of mental illness.

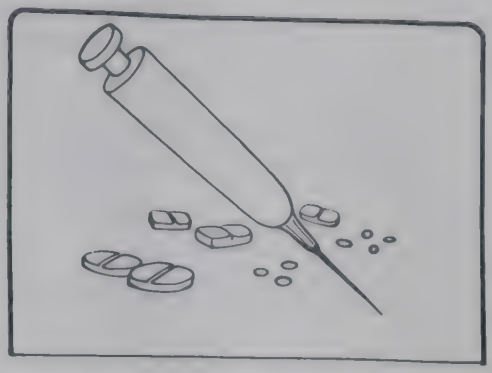
Treatment

It has been seen in the earlier sections that mental illnesses are of **different** types. Each of them affects the individual to varying degrees. Their duration is also varied. So also, the presently available treatments are varied.

It has often thought that no specific treatments are available for mental illnesses. THIS IS NOT CORRECT. This wrong notion occurs because people commonly believe that admission to a mental hospital, often for life, is the only means available to care for mental patients. This belief is also the result of seeing only the chronically ill patients. **In the last 30 years specific treatments for selected mental illnesses are available which are as effective as are the treatments for physical illnesses like tuberculosis, leprosy, malaria and typhoid fever.**

The different types of available treatments

1. Medicines : These are most suitable for severe mental illnesses (i.e. psychosis) and epilepsy. If treatment is started early and is continued regularly complete cure is possible. These medicines are available in the form of tablets, capsules, and injections.



2. Shock treatment (ECT) : It is commonly believed to be the main treatment for all types of mental disorders. However, it is one of the effective methods of treatment for severe mental disorders. When used in selected patients it can bring about dramatic recovery, eg : as in severe depression. This is not the final treatment or most effective treatment.

3. Psychological help (Psychotherapy) : As has been described in earlier sections, individuals faced with stressful situations experience psychological distress. Such persons can be helped by simple methods like listening to their difficulties, talking to the family as a group, bringing about change in their life situations. These efforts can result in greater harmony in their lives and thus improvement in thier symptoms.

REMEMBER

- *There are different types of treatments available for mental illnesses like drugs, ECT, psychotherapy etc.*
- *Cooperation, help, love and affection, support and encouragement are all equally important for a speedy recovery.*
- *Earlier and regular treatment leads to better recovery.*
- *Patients should start working as soon as possible.*

4. Social Therapies (Rehabilitation) : Persons with longstanding, (chronic) illnesses may not be completely cured and hence they may behave and live differently from others. Such persons also benefit from simple measures like involving them in recreational activities, teaching them simple, repetitive type of jobs (eg. basket making, agarbathi making etc) and including them in the daily household routines. With love and concern much improvement can be brought about in these persons. □

Chapter – 4
General Approach to the Mentally Ill

WITHOUT adequate knowledge and skills it is difficult to care for the mentally ill persons. Some questions are : How to talk to them ? How to make them cooperate in accepting medicines and other treatment methods ? How to help them ? Are they harmful ? Many such questions may worry you. You will learn about "how to approach" these patients in the following section.

General reaction to mental patients

In day to day life when you come across mentally ill patient, you may show one or more of the following emotional reactions which directly or indirectly determine your approach to the patient.

* Fear and suspicion that he may be harmful.
* Disgust and dislike because he is not clean.
* Anger and rejection because he annoys you.
* Sympathy and pity as he is suffering.
* Amusement and laughter at his 'childish' behaviour.
* Distrust as his behaviour is unpredictable.

The usual reaction is to try to keep away or avoid such patients. 'Why should I bother, he is mad'. Such an attitude would make you look down on him. You may not give him any respect or not treat him as a person. When you treat him like this, you cannot expect him to develop trust in you and accept your help.

Approach to mental patients

As a first step, you should identify your own emotional reactions to the mentally ill person and control them. Many patients recognise and understand your reactions and respond appropriately. If you trust them and treat them with love and affection, they will also do the same. If you are helpful, they cooperate. The mentally ill person is a person with his own feelings, likes, dislikes and self respect. You should remember that he too would like to be treated as a responsible and respectable individual. He wants to be accepted by others. You should treat him as an individual who is suffering and needs your understanding and help without disregarding his self-respect. This can be done by the following methods :

Give preference to the patient : When you deal with a mentally ill person, you should give importance to him. If you do not consider him to be important it would do injustice to the patient. Ask him first what his problems are. Do not comment, confront, criticise or laugh at him. Listen to him patiently. Try to understand what he says. You need not agree with all his statements. Accept them with a neutral or matter of fact attitude. Enquire in detail about his experiences and beliefs. Convey that you will do your best to help him. You can thereby gain confidence.

After the patient has given his version of the problems, obtain information regarding the problems from his family members. If you find differences between the two versions, do not get alarmed or angry. Draw their attention to the discrepancies and request them to clarify.

When you are interviewing the patient or his family members, ask what is necessary. Do not go into unnecessary details just to satisfy your curiosity. Do not ask very personal questions or enquire about sexual details in the presence of others. Obtain those details when the patient is alone. Assure him that the information given would be kept confidential and ensure that it remains so. □

REMEMBER

* *You should develop a desire to help the ill person irrespective of his condition. Give preference and attention to ill individuals.*

* *You should have confidence in your ability to help the patient and his family.*

* *Your providing help will result in the patient and his family members helping themselves.*

Chapter – 5
Psychoses

PSYCHOSES are a group of severe typeof mental illnesses.Persons suffering from psychoses lose touch with reality and experience a world of thier own. During the illness individuals are unable to meet the ordinary demands of daily life satisfactorily. They often lose the ability to look after themselves and their personal needs, and are unconcerned about their personal appearance. They do not have an adequate understanding of their illness and usually blame others. They undergo strange experiences like hearing voices or seeing things which others around them cannot hear or see. They often express certain false beliefs which are not accepted by others. These are so firm that even evidences against their beliefs do not change them. Often these persons act on their false beliefs. They also can express inappropriate and abnormal emotions. The ill person's behaviour, thinking and talk can be abnormal making him unable to cope with routine household responsibilities, work and other social situations. Symptoms make individuals personally distressed and also causing distress to others in the family and neighbourhood. The distress and the extent of disability caused are determined by the duration and severity of the symptoms.

In most cases of psychoses, it would not be possible to identify a single cause as described in an earlier chapter *(Chapter – 2)*. In every individual suffering from psychosis , several factors interact to result in the illness. In some persons psychosis occurs following various bodily illnesses and/or damage to the brain. This category of psychoses is known as 'Organic Psychoses' (or psychoses occuring secondary to other illness of the body or brain).

Psychoses can manifest themselves in several different forms. Based on the onset, course, duration and outcome, the group of psychoses can be classified into **four** forms :

1. Psychoses which are of sudden onset with or without a precipitating factor and usually of short duration (less than 3 months) called **acute psychoses.**

2. Psychoses which occur episodically and with complete recovery between attacks known as **recurrent psychoses.**

3. Psychoses which begin gradually, continue for a long duration (over one year) and become chronic with personal deterioration is called **chronic psychoses.**

4. Psychoses which occurs secondary to bodily illnesses or brain damage is called **organic psychoses.**

What do people think about Psychoses ?

It is a common belief, particularly in the villages and among less educated persons that psychosis is not an illness. It is thought to be due to religious and supernatural forces. This is attributed to phenomenon like 'ill will of Gods' and visitation of evil spirits and souls of dead persons'. As a result of these beliefs, persons with psychoses are usually taken to religious healers, magicians, temples etc. instead of to medical facilities. It is also thought that there are no medical methods of treating psychoses.

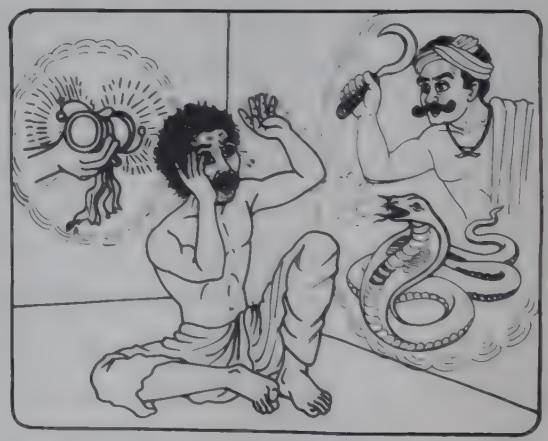
It is very important to recognise and remember that treatment of psychoses has become similar to other physical problems in that persons can recover from them as much as from other physical problems. As in the case of all disorders the outcome with treatment varies with the severity and type of the problem.

Importance of correct treatment

The importance of treating and caring for those with psychoses arises from the problems that such persons can cause to themselves and others. Excited persons can destroy property and hurt family members and friends. As a reaction to their altered thinking and feeling they can destroy themselves as well as stop taking care of their responsibilities at home and work. The additional factor of social embarrassment and loss of productivity is also important. When not treated early, some of them become chronically ill and need to be taken care of for the whole of their life. It has also been noted that many marriages break up due to an acute attack of psychoses. For these reasons it is important to **recognise psychoses early and give correct treatment.**

The following examples of psychoses will illustrate these different types.

Ramappa, 20 years, a farmer, lives with his parents in a village. Till a year ago he was very sociable, hardworking and liked by everyone in the village. He was an active member of the village Yuvakara Sangha (Youth Club) and participated regularly in the bhajans at the village temple. Gradually, a change was noticed in him, he became withdrawn, moody, inactive and irregular in his routine activities. As days passed by he became increasingly quite. Later, he was found to be smiling, muttering and gesticulating when alone. He started expressing bizarre ideas, such as that some one



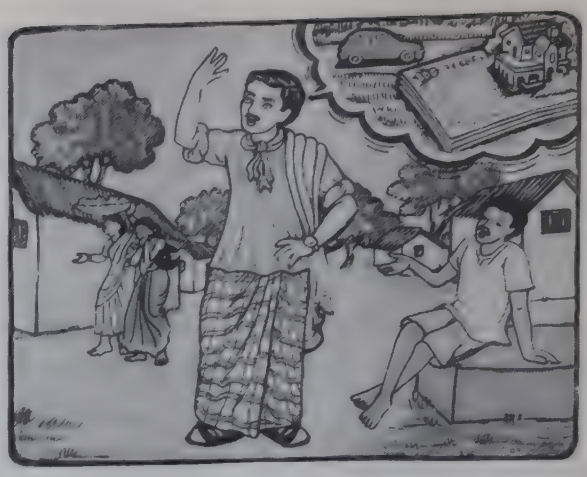
would kill him, that two women were constantly abusing him and that his food was mixed with poison. His behaviour too, became very abnormal. He would become very irritable at times, while at other times, he would laugh or cry for no reason, or, stand / sit with a staring look. His family members took him to various temples *mantravadis* and healers. But he continued to be ill and is presently, sleepless. He does not bathe and does not keep himself clean.

Ramappa suffers from a chronic type of psychosis. His illness started gradually without any precipitating factor and he continues to be ill. This is the commonest type of psychosis. It is usually starts in young age (15-30 Yrs), often without any precipitating factors and tends to run a chronic deteriorating course, without treatment. Most of the "mad" people whom you may have seen or heard of, suffer from this type of psychosis. This psychosis is known as **schizophrenia.** Treatment is now available for this illness. With appropriate and regular treatment, this illness can be controlled and patients can lead a useful life. It is very important to get the patient involved in his routine activities and work as soon as he recovers from the symptoms, with proper treatment.

Seethamma, 25 years, is happily married and has three children. For the past two weeks, she has been behaving in a strange way. She has been talking excessively, inappropriately and at times in a way that cannot be understood. She is not concerned about her appearance and is often shabbily dressed. Sometimes she weeps and begs everybody around her to return her son. At other times, she tends to become violent and accuses others. She is sleepless and does not eat properly. She runs out of the house and attempts to follow young boys in the streets. At times she cries out "hold them, they are taking away my son". It was reported that one week prior to the onset of her symptoms, she lost her six year old son due to a sudden illness.

Seethamma suffers from an 'acute psychosis'. Her illness started quite suddenly and the duration of her illness has been short. These types of psychosis tend to be of short duration and the persons suffering from them recover completely with appropriate treatment. Some cases of acute psychoses can become chronic in which case they would require long term treatment. **Early recognition and treatment is most important.**

Let us now consider the problem of ***Gopal.*** He is a 35 year old factory worker. He was perfectly well, attending to his factory work regularly and satisfactorily, till about a month ago. Since then he has become sleepless, unduly cheerful and happy without any reason. He talks excessively and has also become very active. He is unable to concentrate on his work. He often gets irritated and excited for trivial reasons or



without any cause. He claims to be very important person and behaves accordingly. He believes that he possesses special abilities and immense wealth. He is confident about his capacity to do anything. When challenged, he gets very irritated and become abusive and assaultative. If one agrees to all his claims, he is fun to be with. He cracks jokes,laughs easily and never allows anyone else to talk. He has inexhaustible energy. His increased talk, activity and sleeplessness have become a problem for his family. On enquiry, it was revealed that Gopal had two similar episodes, two and four years ago, which lasted for about 2-3 months, each time. In between these episodes he was perfectly alright.

Gopal suffers from 'recurrent psychosis'. It is known as 'mania'. He has so far had three episodes, including the present one. He recovered completely from the previous episodes and was perfectly normal in the interval period between episodes. These episodes last for periods ranging from a few days to a few months. Natural remissions are known to occur in these episodes. The persons recover completely after each episodes.

Savitri has a problem which, in many ways, is quite opposite to that of Gopal. She is 40 years old, happily married with two children and is well to do. She has no problems whatsoever but since the last one and half months, she feels sad all the time without any apparent cause. She feel weak, tired and exhausted. She wakes up by about 2 a.m. and is unable to sleep thereafter. She feels miserable most of the time and weeps frequently. She blames herself for no reason and feels guilty even for trivial matters. She is afraid that something terrible is going to take place and feels helpless to do anything about it. She views her future as being bleak and feels that there is no point in living. She

thinks of ending her life and has once attempted suicide. Her family members cannot understand her behaviour and often suspect that someone may have done 'black magic'.

Savitri suffers from a type of psychosis called 'depression'. Depression can occur at any age and in both sexes. There need not be a precipitating factor. Depression, if untreated, increases in its severity and may result in the patient ending his/her life. The illness may last from a few weeks to a few months, during which natural remissions might occur. There are effective medication available for the successful treatment of depression. In some persons, depression can recur after varying periods of normalcy.

Mania and depression are two forms of recurrent psychosis.

They occur periodically with intervals of complete normalcy in between. In both the types of illnesses, the primary problem is a disturbance in patients' mood (emotions). In mania, the patient is unduly happy while in depression he/she is sad for no obvious reason. In many cases episodes of mania and depression alternate in the same patient with periods of normalcy in between.

All these are examples of 'functional psychoses'. Ramappa suffers from a chronic psychosis while Seethamma has an acute psychosis precipitated by a very stressful event. Gopal and Savitri have recurrent psychosis – mania and depression respectively.

Psychoses can also occur secondary to various physical illnesses or as a result of damage to the brain. In such instances it is called **Organic Psychoses.** Organic psychoses may also be acute (short duration) or chronic (long-standing). In addition to the different features of psychoses (as described earlier), there are also alterations in the patient's conscious state.

In acute organic psychoses, ill pesrsons may be alert and responsive to questions but may rapidly become drowsy and inattentive. These individuals may fail to comprehend the questions put to them and may become disoriented and confused. High fever, head injury, fits, excessive consumption of alcohol, use of ganja, opium and other intoxicating drugs, illnesses such as chest infections, infections of the brain, diabetes and high blood pressure can sometimes cause organic psychoses.

Acute organic psychoses are usually reversible and short-lived. They can be effectively cured with appropriate treatment. **Referral immediately after identification is important.**

Chronic organic psychosis usually occurs in some persons aged 50 years and above. Progressive loss of memory along with other features of psychosis in elderly people should cause the possibility of an organic psychosis. Initially, patient forgets events of the recent past. He may lose his pen, keys, money etc. and may even lose his way in familiar places. He begins to forget the names not only of his grandchildren but also his own children. Intelligence and judgement become impaired. Behavioural problems like irritability, outbursts of temper and emotional outbursts (laughter, crying,etc) may also be present. As the illness progresses the patient may develop neurological deficits like weakness, fits or other symptoms.

Early recognition of Psychoses

During your work in the community or at the subcentre consider the possibility of psychosis under the following situations :

1. Who talks nonsense and acts in a strange manner considered abnormal ?

2. Who has become very quiet and does not talk or mix with people ?

3. Who claims to hear voices or see things others cannot hear or see ?

4. Who is very suspicious and claims that some people are trying to harm him ?

5. who has become unusally cheerful, crack jokes and says that he is very wealthy, and superior to others when it is not really so ?

6. Who has become very sad lately, and cries without reason ?

7. Who talk about suicide or has made an attempt at suicide ?

8. Who gets possessed by God or Spirit or who is said to be the victim of black magic or evil power.

What to do after identifiction ?

Having identified a person with Psychosis the next step is to evaluate whether he needs to be taken to the hospital immediately.

Referral to hospital immediately in the following situations :

(i) ***Suicidal risk :*** Here the person, because of his disturbed thinking and feeling, has shown a tendency to end his life by talking about it or attempting it. This patient should be **referred to the hospital immediately.**

(ii) ***Danger to others :*** This is mostly seen in those with acute disturbance in the form of excitement or in those with severe degree of suspiciousness. Also, when a person is carrying weapons to protect himself or there is a danger of his losing control and harming others, **refer to hospital immediately.**

(iii) ***Check for any memory disturbance :*** This can be done by asking questions relating to his family details, what he has been doing in the last one week. If you find that he is unable to correctly answer these simple questions, **refer to hospital.** This is especially relevant for old persons. Other associated problems like fever and wetting of clothes with urine should also lead to referral immediately. Similarly associated head injury in the past 6 months, history of diabetes melletes, high blood pressure in the patient should lead to immediate referral.

Similarly, if the family members complain that he forgets his way, he cannot remember the names of person **refer to hospital.**

(iv) Acute disturbance occuring after an epileptic fit or alcohol or other drug abuse **refer to hospital immediately.**

Management

The care of the patient involves two steps – (i) general measures,and (ii) specific use of drugs.

General Measures : In most families and communities, the response to a person with psychosis is fear and apprehension. This leads often to over-reaction. The commonest way of restraining the person is by physical restraint in the form of tying him to the bed by rope or chains. This step aggravates the patient's abnormal behaviour and a vicious circle of excitement-control-excitement follows.

In view of this the steps that need to be taken by you, as the main sources of help is to : (i) talk to the patient sympathetically to understand the reasons for his behaviour, (ii) listen to the family members and allay their misgivings, (iii) remove restraints if the excitement is not severe and the danger of immediate harm to others or patient is not present (In all cases restraining should be avoided unless the person is very violent.),(iv) Taking adequate care of the nutrition of the ill persons (Excitement can easily exhaust a person.),(v) Keeping harmful weapons, drugs out of reach of the ill person, and (vi) Meeting the patient and the family frequently for reassessment.

Specific Measures : All cases of psychoses identified should be referred to the medical officer. After a careful examination, your doctor will determine the type of psychosis and initiate the appropriate treatment. He may refer cases of organic psychosis for a specialist's opinion. **Most cases of acute, chronic and recurrent psychosis can be treated at the PHC itself.** Depending on the condition of the patient, the doctor will start the treatment with either injections or tablets. **Chlorpromazine (CPZ)** tablets of 50-400 mg. per day can be started for all types of psychosis except depression.

You will meet in the community some persons who have had an acute episode of psychosis a few years back but are currently having other symptoms. These persons usually do not have the acute symptoms that disturb others, but have other problems like extreme slowness in activities, disinterest in work, lack of emotional feelings for family and friends and inability to take responsibilities. They seem to live in a world of their own. Often such patients have broken homes in the form of divorce, separation etc. They also find it difficult to hold on to regular jobs. These persons can also be helped by CPZ tablets. The usual dosage is 150 mg. per day in divided doses. The length of treatment is more than 3 months. Some persons need to take them all their life to remain well. Along with drugs these persons should be helped to become accepted by the family and society. Finding simple jobs to rehabilitate them goes a long way in the treatment. Another drug useful in this condition is **Anatensol** injection given once in 2-4 weeks.

When these drugs are started, there is a possibility of the patient developing **side effects** like rigidity of limbs, tremors of hands, excessive salivation, neck and tongue being pulled to one side, slow or difficulty in initiating any movements. These side effects are generally managed by adding tablets of **Trihexiphenidyl** to the treatment schedule. If the patient becomes too drowsy and sleepy during the day the dose of chlorpromazine should be reduced after consulting the doctor. Advise the patient and his family members regarding the necessity for regular follow up of the patient. The usual duration of treatment of acute psychosis is about 3-6 months and in case of chronic psychosis it is usually for 1-2 years.

In case of **depression,** the patient is treated with tablets of **Imipramine** in doses of 50-150 mg per day. Some patients develop side effects like dryness of mouth, constipation and blurring of vision. These occur only for a short time and disappear after a few days. Reassure the patient about these side effects. Advise them to eat plenty of leafy vegetables, bananas etc. to take care of the constipation. Remember that in all cases of depression, there is a risk of the patient attempting / committing suicide. Caution the family members about this risk and advise them to be with the patient. The antidepressant tablets usually take about 10-14 days before their effects begin to manifest themselves and the patient and his family members

An important aspect of psychoses is not to treat the person as permanently disabled. The commonest reactions of the family is over protection (trying to do everything for the person) or rejection (neglect). It is important that the daily routine of the patient and his family are maintained and along with improvement the ill person is returned to his normal life. **Love, affection, understanding, active life are important for early recovery.** **See Annex – 1** □

SUMMARY OF SIDE EFFECTS WITH DRUGS AND NECESSARY ACTION FROM HEALTH WORKER

	Side effects	***Action***
CHLORPROMAZINE		
1.	*Dryness of mouth*	*Reassurance. Ask the patient to take adequate fluids.*
2.	*Drowsiness/excess sleep*	*Reassurance. Let the patient take the drug at bed time only. Consult the doctor to adjust the dosage.*
3.	*Regidity of the limbs, slow movements or mild shivering of the limbs.*	*Refer to the doctor. Doctor can give specific corrective drugs.*
4.	*Sudden movements of the neck/ limbs to one side, eye balls rolling up.*	*Immediately report to the doctor. Doctor can give an injection to treat.*
5.	*Giddiness while changing the position.*	*Get the BP checked. Report to the doctor.*
IMIPRAMINE		
1.	*Dryness of mouth*	*Reassurane. Taking adequate fluids.*
2.	*Constipation*	*Reassurance. Advice to take more leafy/ fibrous vegetables and fruits at bed time.*
3.	*Blurring of vision*	*Reassurance. Advice him to avoid reading/such other tasks for a couple of days.*
4.	*Retention of urine*	*Ask him to stop medicine and report to the doctor immediately.*

REMEMBER

* *Abnormal talk, behaviour, losing touch with reality, hearing voices and seeing things which do not exist and firmly held false beliefs are important features of a psychoses.*

* *Biochemical changes in the brain or damage to the brain itself can lead to psychoses.*

* *There are effective drugs for treatment of psychoses. Regular medication, proper care, early rehabilitation, support and guidance from the concerned people would help the patient recover quickly.*

Chapter – 6
Epilepsy

RAVINDER is a 10 year old boy. He began having fits when he was five years old. During the fits he suddenly cries out and falls down to the ground. For a short time his body become stiff and limbs move jerkingly. During the fit Ravinder remains completely unconscious. Along with these he clenches his teeth and sometimes froth comes from the mouth. At times his clothes get wet with urine passed without his control. The attack lasts for 2 to 4 minutes and then he regains consciousness. These attacks occur with gaps of few days. Parents report that the boy has become very irritable and stubborn.

All of us have seen persons who get "fits". They lose consciousness and fall down wherever they are. Due to the fall, they may be injured. Their limbs become stiff and later, they have jerky movements. These movements are regular and usually last for 1-2 minutes. During this period, there is often froth in the mouth. The person may bite his tongue or cheek with resultant bleeding. He may also soil his clothes. Recovery usually takes place within a period of few minutes to few hours. Following the fit, the patient can have symptoms such as headache, vomiting, generalised body aches and pains, extreme tiredness, slurring of speech, weakness, or paralysis of the limbs or excessive sleep. Due to the lethargy following the fit, the patient may prefer to rest. Some patients can exhibit confused or even abnormal behaviour after a fit.

The frequency of fits is irregular. They may occur as frequently as several times in a day or in a week. In other instances it may occur only a few times in a year. The attack may occur when the person is asleep, when he is alone, while walking on the streets or driving a vehicle. Thus in any situation, any where and at any time the patient can get an attack. There are instances where patients have died or sustained serious injuries because he or she had an attack while near a fire, water, machinery and other such dangerous situations.

Epilepsy occurs in all age groups and in both sexes. It affects all classes and communities. But it is much more frequent in children and adolecents (below 15 years of age). **About ten persons per thousand in the general population suffer from epilepsy.** It is known by different names in the different parts of the country *(Mirgi, Apasmara, Moorche, Isabu).*

Some patients experience warning symptoms just before they have an attack. These symptoms could be giddiness, fear, seeing stars or visions, uneasiness in the stomach etc. In some patients, the convulsions can start in one part of the body and spread to other parts.

How is the patient brought to the health worker

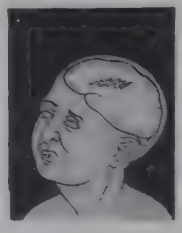
It is possible that you are not seeing these patients at present. This is for two reasons : (i) people do not think of it as a health problem and (ii) your drug kit does not contain the needed medicine. Once you start educating the public and show willingness to help they will start coming to you for the control of fits. In addition you should think of underlying epilepsy when you see patients of :

i) With repeated burns and injuries.
ii) Children with poor mental development – in some children with mental retardation (see MR section) there is associated epilepsy.
iii) Exhibit abnormal behaviour of few minutes only, either with or following fits
iv) Poor school performance

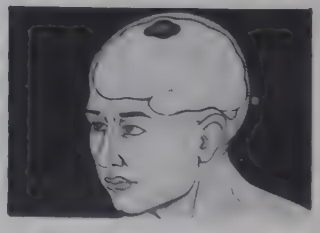
In addition you may hear of a person who is taking treatment from traditional healers for being 'possessed by evil spirts'. These persons could be having epilepsy.

Causes of Epilepsy

Epilepsy is a symptom of brain disorder. When epilepsy starts in childhood or adolescence, the brain is apparently normal on examination i.e., there is no clear structural damage. However, there are abnormal electrical discharges in certain groups of nerve cells. Because of these sudden electrical discharges the patient has a 'fit'. Damage to the brain at birth or later on, can cause epilepsy.



If epilepsy occurs for the first time after the age of 20 years, there is usually a detectable brain damage such as a scar of a healed wound in the brain, bleeding inside the brain, tumour, damage because of long term use of alcohol or other intoxicating drugs. Brain fever and other infections of the brain can also cause epilepsy.



Sometimes children (usually below 5 years) can have a fit when they suffer high fever. This is called 'fever fits' (febrile convulsions). Some children may also get fits while having a hot water bath.

Whatever be the cause, any epileptic fit should always be reported to a doctor. Every attack is capable of causing brain damage. In cases of long standing epilepsy the patient can develop mental illness or his mental abilities can deteriorate. An attack occuring near water, fire or moving machinery may cause injury or even kill the patient. Therefore every epileptic patient needs proper treatment and help.

Hysterical fits

All attacks of jerky movements or loss of consciousness are not epilepsy. Some people usually children or young persons have attacks which resemble an epileptic attack. This is known as 'hysterical fits'. Whenever a case of jerky movements or loss of consciousness is reported, you should get details of the attack and make an attempt to find out whether it is an epiliptic fit or a hysterical fit. The following are the **characteristics** of hysterical fits.

* No loss of consciousness.
* No injury.
* Lasts for more than five minutes.
* No soiling of clothes.
* Occurs only in the presence of others.
* Do not occur while sleeping.

These persons are also ill. They need emotional support and understanding. Talk to them and encourage them to see the doctor in the nearest hospital. See 'Neurosis section' for guidelines to provide emotional support.

Treatment of Epilepsy

Epilepsy is treatable and can be controlled and cured with regular medication. The drug most commonly used to control fits is **Phenobarbitone.** Each patient needs different doses according to the severity of the illness. Your doctor would decide on the exact dosage. Usually the starting dose is 30 mg or 60 mg. a day. The total dose required for a given patient is then decided over a period of 3-4 months, depending on the response to the treatment. Patients have to take the tablets very regularly. They should not miss the drug even for a single day. It is advisable to take the drug at bed time and continue regular follow up visits to the doctor, once a

fortnight to once a month. Some patients may develop drowsiness with phenobarbitone initially but with time this disappears. **The drugs have to be taken for at least 3-5 years after the fits have stopped under the guidance of a doctor.** In addition to phenobarbitone there are other drugs that can be used for treatment of epilepsy.

Phenobarbitone should be continued during pregnance, after delivery, during taking medicine for other co-existing physical illness for no reason, it should be stopped, without consulting the doctor.

While on treatment, the patient can do his usual work. Children can attend school There are no restrictions regarding food. However, initially when the fits are not totally controlled, the patient should not work alone near fire, water or heavy machinery, should not drive a vehicle, climb trees or work at the top of buildings. Barring these precautions persons with epilepsy can lead normal lives.

First Aid

What should you do when a person has a fit ?

Do's :

Clear the space around the patient and remove hard objects or furniture, so that he does not injure himself. Make him lie down on his side so that he doesnot choke with his own secretions. Remain with the patient till he recovers from the attack.

✓

Dont's :

1. ***Do not put any hard object between his teeth (you may accidentally break his teeth or damage his gums).***

X

2. ***Do not hold the limbs during the fit.***

X

3. ***Do not give him anything to drink while he has a fit. You can choke him by forcing him to drink.***

4. ***It is not necessary to put an iron object such as keys, in the patient's hand. The fit will stop on its own within a few seconds.***

Continuous fits

Sometimes, some patients can have fits continuously. Attacks come rapidly one after the other and in between the attacks, patient remains unconscious. **This is an emergency.** If medical help is not given immediately, it can result in brain damage or even death. Therefore you should arrange for immediate medical attention. There are medicines which can control these fits immediately.

Fever fits

When you come across children who get fits associated with high temperature, you must make every attempt to bring down the temperature so as to prevent the fit. Putting a cold pack on the forehead or chest, fanning the patient and giving a tablet of paracetamol, will help bring down the temperature. Advise the family members not to cover the child with a thick blanket. Ask them to consult a doctor immediately who can find out the cause of fever and treat it appropriately. Such children usually stop getting fits with fever, after the age of 5 years. Usually these children do not need long term epilepsy treatment.

It is your task to see that all epileptics are put on regular, long term medication and that the family is educated about this. Always check on the regularity of medication.

Helping families to live with epilepsy

When a person is affected by convulsive disorder, his parents and family members become panicky and they search for a reason for the illness. Sometimes parents get too anxious and overprotective to the extent the child is made an invalid. Here arises the need for guidance and counselling to the parents in the management and rehabilitation of the epileptic patient. In the beginning parents of the patient will not be willing to accept the treatment. At this stage talk to them not once or twice but many times and try to make them realise that this is an illness and with treatment the patient will get better and you may encounter many questions, whether he can get better, get rid of the fits, can work properly, is this disease infectious or contagious. In these cases, you can reply in an optimistic way that he can lead the life of a normal person after his fits are brought under control by regular medication. □

See Annex – 2

REMEMBER

* *Epilepsy is a symptom of brain disorder.*
* *Regular, long term medication can control and cure fits.*
* *During fits, patient should be turned on to his side and left alone. Once the movements stop, he should be attended to. Taking extra medication before or after the fits is not needed.*
* *Epilepsy patients on treatment, can attend school and lead a normal life.*
* *Persons with epilepsy should be careful or avoid working near fire, water or moving machinery.*
* *Visit every epileptic patient once a month and enquire about his drug intake. Remind him to take the medication regularly.*
* *If the patient gets a fit within a few minutes after the first one, get medical help immediately.*

Chapter – 7
Neuroses

NEUROSES are a group of minor mental disorders. Unlike in psyhosis persons suffering from neurosis do not lose touch with reality and they usually have an understanding of thier illness. Though they do not cause distress to others (the family, neighbourhood), they themselves experience varying degrees of personal distress and suffering. Their ability to cope with routine household responsibilities, work and other social situations is disturbed to some extent. The symptoms usually does not disable the person completely. The disability that is present is related to the degree of personal suffering that the person experiences.

The basic and predominant features of neuroses are tension, fear and/or worry (unhappiness). All people become tense or worried particularly when faced with problems. However most people are able to cope with the situation and overcome their tension and/or worry sooner or later. But if the tension and/or worry is too intense or too prolonged in its duration, or has a special meaning to the individual it interferes with the person's sense of well being and disturbs his normal functioning. Many persons with neuroses have feelings of inadequacy and inferiority (lack of confidence) which leads them to perceive common every day problems as difficult and threatening. It is this which produces tension and worry. The ill person avoid facing these problems and ends up experiencing numerous physical and psychological complaints (or symptoms). In most cases of neuroses there is usually some stress factor or a recent set back which either precipitates the symptoms or contributes to its maintenance. The stress factors may take the form of a disturbed relationship with a friend/relative, a family quarrel, an unhappy marriage, difficulties in the work situation, persistent financial problems, serious illnesses or death in the family or a social problem.

It is essential to recognise that all of us experience some degree of tension, unhappiness and worry in dealing with problems of our daily lives. In the case of the neurotic, however, these tensions, worry, unhappiness and the resultant symptomatology become part of his life style itself. There is a constant feeling of insecurity and a marked need to cling on to others for support. The exact presenta-

tion of neurosis is markedly variable and differs from one person to another. Some examples will illustrate these problems.

Lakshmi, aged 30 years, is married for the past 8 years but has not had any children during this period. Since the last 2½ years she has difficulty in breathing and chest pain. She constantly has a burning sensation in her chest and abdomen. At times she experiences a rapid pounding sensation in her chest which greatly distresses her. This is accompanied by intense fear and inability to sit in a place. Due to these difficulties she is afraid to be alone and wishes someone to be with her constantly. She has consulted a heart specialist who after careful examination and investigation, reassured her that she was perfectly healthy. Inspite of this, Lakshmi continues to have the above complaints and often visits her family doctor in order to obtain relief.

Srinivas, 22 years old is a tailor by occupation. He complains of general weakness, becomes easily fatigued and has pain in the legs for over a year. The tonics and injections given by various doctors whom he has consulted during the past several months have not helped him. He believes that his nerves have become weak and that the doctors have not been able to find out the reasons for it. He suspects that his practice of masturbation and loss of semen during sleep are the causes for his present illness. He is worried that he might become impotent with further loss of semen.

Sharada is a 30 year old housewife. Since last few months she is unable to do any household work, feels week and tired most of the time and complains of heaviness of the head, pulling sensation in the neck, back and limbs. She is unable to eat properly and has difficulty in falling asleep. She believes that the cause for all her problems is the tubectomy operation that she underwent 6 months back which is shared by others in her family as well. She has been pestering the health worker who persuaded her to undergo the operation as well as the PHC doctor for a good 'tonic injection'.

Lakshmi, Srinivas and Sharada, all suffer from neurosis. Their symptoms are associated with problems of inability to bear children, fear and misconceptions about semen loss and family planning operation respectively. Some types of neuroses fell into a definite clinical pattern while others do not. The most common types of neuroses are :

1. ***Depressive neurosis :*** Death or separation from loved ones, loss of status, money or property, failures and frustrations can lead to depression. Patients present with complaints of headache, bodyache, weakness, nervous, constipation, lack of appetite and sleep. On enquiry, sadness, weeping spells, disinterest in all activities and a feeling that life is not worth living are reported.

2. ***Anxiety Neurosis :*** Patients with anxiety neurosis have complaints of uneasiness , vague fears, tension, discomfort, lack of concentration rapid beating of the heart, difficulty in breathing, dryness of mouth, inability to speak properly, tremors of hands and legs, headache, bodyache, weakness, easy fatiguability, sleep disturbance, decreased appetite, and indigestion. On enquiry, patients often report psychosocial problems in regard to family, finance, occupation or sexual life

For both depression and anxiety, help the patient to understand the relationship between the symptoms and his life situation/problems. You should talk to the patient with sympathy and understanding. Find out the stresses. Mobilise support for the patient by talking to his family members or other concerned people. Refer him to the doctor if his symptoms are severe. The doctor will treat his complaints by talking to the patient and prescribing medication when necessary.

3. ***Hysteria :*** Some people are unable to share their problems openly and freely with others. Either they do not know how to do it or are afraid to communicate because of the consequences that may follow. However they have a strong need to communicate their problems and the associated emotional distress. They desire the help and support of others. These persons therefore adopt an alternate method of communicating their problems and distress and that is through the appearance of physical symptoms, some of which may mimic known physical illnesses. They may develop weakness or paralysis of limbs as in a case of stroke. They may have a total loss of memory, get possessed by Gods or spirits or even develop abnormal behaviour. However, these persons do not manifest these symptoms deliberately or consciously as they are themselves not aware of the fact that their 'physical' complaints are psychological in nature. They do not know the relationship between their symptoms and the conflicts that they face. They are happy because they get attention and sympathy from others as a result of their symptoms.

To help such persons, you have to educate and encourage them to communicate directly and openly, regarding their diffculties and not by means of symptoms. You have to understand their problems and limitations, and establish good communication between the patient and other family members.

In our country, particularly among the rural population, it has been observed that most patients with neuroses have predominantly physical and bodily complaints. These complaints include headache, bodyache, aches and pains in other parts of the body, various sensory symptoms, dizziness, generalised weakness, tiredness and disturbances in sleep and appetite. Such patients tend to attend health centres repeatedly and spend a lot of time and money getting treatments – tablets, injections, x-rays and at times even surgical operations – which are not really needed. They not only spend a lot of their own time and effort in seeking a 'cure' but also take

a lot of time and effort of the health center doctor and other health care staff. It is therefore important to recognise and appropriately manage these patients by emotional support.

Psychosomatic symptoms and diseases

Psychosomatic diseases and symptoms are a group of illnesses where actual damage to the body and its organs is present. The cause for these illnesses is psychological in origin or if the disease is already present, it may be worsened due to these factors. This is in contrast to the neuroses where although there are numerous physical complaints, there is no damage caused to the body. Since the relationship between the body and the mind is a very close one, people with long standing emotional problems or tensions which they are unable to express and share with others, usually develop these disorders. The common psychosomatic illnesses are **peptic ulcers** (stomach pain), **high blood pressure, asthma** (breathing trouble) **arthritis** (joint pains), **chronic skin problems** (Eczema).

Psychosomatic symptoms are more frequently present in women and older people. It is also common among people who have undergone family planning operations.

You should listen to the symptoms of such patients with sympathy and enquire about their psychosocial problems. Reassure them with kind words and help them to adjust better in their surroundings. Get your doctor's help in this regard.

In all types of neuroses, identifying and understanding the underlying psychosocial problems, mobilising love, support, encouragement and timely help for the patient is more beneficial than prescribing drugs. □

REMEMBER

* *In neurosis, tension, sadness and fear occur with great intensity even for trivial reasons and last for a long time.*
* *Environment stresses can cause neuroses.*
* *In hysteria, ill persons express difficulties or problems through symptoms.*
* *Understanding the problems, discussing them with the patient and helping to find solutions for them, is the treatment for neuroses.*

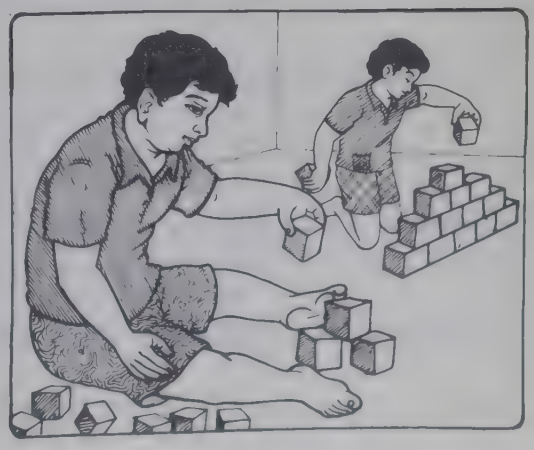
Chapter – 8
Mental Retardation

VIDYA is a 10 year old girl. She is short for her age. She cannot speak clearly. She cannot put on her clothes or take bath by herself. She does not fully understand when others talk to her. Other children think that Vidya is 'dull'. They do not want to play with her. At times they make fun of her. Her mother tells that Vidya is different compared to her other children. Her development especially mental development has been slow. Her mother reports that she behaves like a 4 year old child. Vidya's brothers and sisters have to help her for daily needs. Her family members are worried as she is unable to learn or remember even simple things. They have taken her to many temples and healers. She was also given many medicines by different doctors. But nothing has been of use to make her a normal girl of 10 years.

It is clear that, Vidya is not like her sisters, brothers or other children of the same age. She is one of those children who have low intelligence. Such children are called 'mentally retarded'.

What is Mental Retardation ?

Now look at your hands. All the fingers are not of the same length or even the same shape. Some are long while others are short. Similarly people differ in their capacity to carry out the different functions (described above) and hence can be placed at different levels of intelligence. Mental retardation is a condition of below normal or subnormal intelligence. **It is not an illness but a condition due to poor development of the brain.** Children who have this condition are called 'dull' or 'mentally retarded'.



We find that about 3 percent of the general population are mentally retarded. Mental retardation can be found among people of all castes, communities, among the rich as well as the poor.

Just as the physical growth and development of a child is expected to occur in a manner appropriate to his chronological age, so also, the mental abilities are expected to develop with growing age. The rate of development of the mental abilities of the child is known as his "mental age". In normal children the chronological age and the mental age usually go together. This means that a child of a particular age usually has the same mental abilities as the majority of the children of that age. However in mental retardation there is a delay or slowing in the development of the mental abilities so that the mental age is less in comparison to the chronological age. For example,even though a child may be 5 years old, he may only have the abilities and skills possessed by a 3 year old.

What is intelligence ?

Intelligence does not mean only the capacity to study well or get good marks in school. **The capacity to solve different types of problems, to learn new things, to remember past experiences and understand and adjust to new situations, all these put together is called intelligence.** All these are functions of the brain.

Degrees of mental retardation

Mental retardation can be of varying degrees and is usually categorised as mild, moderate and severe, depending on the amount of developmental delay.

a) ***Mild Retardation :*** If the mental ability of the child is more than ½ but less than ¾ of that expected for his age; such a child is mildly retarded. For example : an 8 year old child having mental abilities and behaviour of 4-5 years.

b) ***Moderate Retardation :*** When the mental development is more than ¼ but less than ½ of what is expected for that particular age, such a child is moderately retarded. For example a 12 year old child having mental abilities of 4-5 years.

c) ***Severe Retardation :*** When the mental growth is less than ¼ of that expected for a particular age, severe retardation is present.

Identification of mental retardation

There are two ways by which a mentally retarded person can be identified,

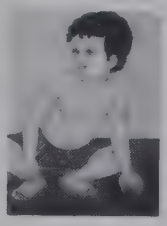
namely,(i) by talking to the mother in detail about the growth and development of the child and (ii) by observing the child's physical appearance and behaviour.

Growth and Development

In Vidya's case, her mother is able to report that her daughter's growth has been slower than that of her other children. Her mental growth has not kept pace with her age and physicial growth. As reported by her mother, Vidya's 'milestones of development' i.e. sitting, walking, talking, etc. have all been delayed. She has repeatedly failed in school. Other children of Vidya's age are able to dress themselves, take bath and avoid dangers like fire or traffic but Vidya is unable to do so.

Mental retardation can be recognised from a history of delay in the milestones of development. The following are 5 important normal milestones of development :

Holding neck erect	Sitting with support	Standing with support	Walking	Speaking a few words/pharses
3-5 mths.	6 mths.	9 mths.	1 year.	1–1½ years.


Mental retardation can be identified at different stages of growth through the following methods, namely, (i) below 5 years, history of delayed milestones, and (ii) above 5 years, by the presence of history of repeated school failures, behaviour problems, and behaviour against society's expectations, in addition to the delayed milestones in early childhood.

Physical appearance

Children with mental retardation sometimes have certain physical features which make them easily identifiable. These features are most commonly present among the severely retarded. The commonly seen physical characteristics are : small/large head, light coloured or soft hair, rough skin, slanting eyes, thick protruding tongue. Mild and moderately retarded children may not have any distinguishing physical features and appear like normal children.

Remember that most mentally retarded children look like other children.

Need for early identification of mental retardation

Early detection of mentally retarded children is important because :

1. Early guidance to parents will result in early stimulation and training for the child.

2. Further deterioration can be prevented, if the mental retardation is associated with epilepsy or any other treatable medical conditions.

3. Finally, parents can be helped to accept their child's condition and thus prevent them from wasting their time and money in seeking a miraculous cure eg : through pujas, costly tonics, operations etc.

Causes of mental retardation

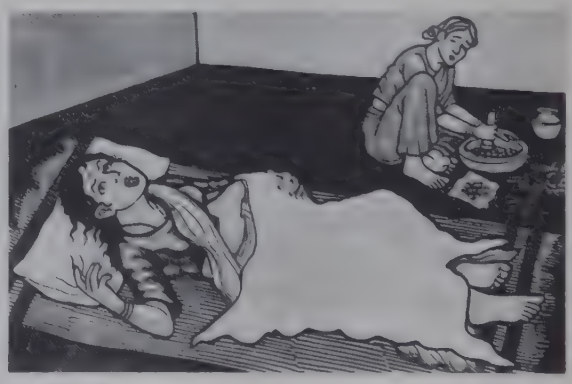
Mental retardation is caused by a number of factors which may occur before birth itself, at the time of birth or after birth. Many of these factors can be easily controlled and thus help in the prevention of mental retardation.

Factors before birth

Poor nutrition of the mother, taking certain medicines without advice of the doctor, infectious diseases in the mother such as measles, syphilis, exposure to x-rays and alcohol consumption are some factors during the pregnancy, that can lead to mental retardation. All of them can be prevented. Proper health education for the pregnant women is essential to educate them about the irreversible nature of mental retardation and the importance of nutritious food, the need to have regular check ups and to have supervised and assisted delivery.

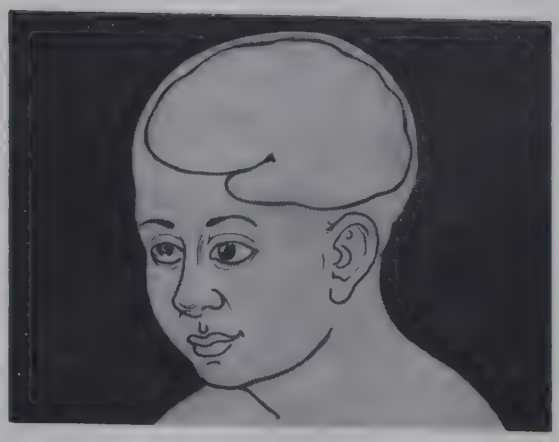
Factors at the time of birth

Complications at the time of delivery can cause damage to the brain and result in mental retardation. The commonest are delayed or prolonged labour, wrong use of foreceps, excessive bleeding and the new born child not breathing immediately after birth.



Factors after birth

In certain cases, the baby may have been born normal but some factors occuring after the birth can lead to mental retardation. These are poor nutrition in the first two years of the child's life, illnesses such as brain-fever, severe jaundice, high fever with fits untreated, epilepsy accidents with injury to head can all of which can damage the brain and result in mental retardation.



Care of mental retardation

Helath workers have an important role to play in the prevention and management of mental retardation. Mental retardation cannot be cured by medicines. A mentally retarded person can however be trained to utilise his available mental capacities to the maximum. The most important aspect of training is to recognise the developmental age of the child and plan activities appropriate to that age. Further, the duration for mastering activities would be longer than that for a normal child.

To train a mentally retarded child the following **guidelines** are useful :

1. Obtain information from the parents about what the child **can** and **cannot** do.

2. Find out what the **parents** would like their child to be trained in.

3. Find out the **level of mental development** of the child.

4. According to the mental age, decide on the **target activities.** Start with the easiest task and gradually go on to the more difficult ones.

5. **Divide each target activity** into sub-groups (steps). eg : if bathing is a target activity to be learned first teach the child to just hold the mug, then to pour water over himself, then to rub soap over himself and finally to wash it off. Teach one step at a time and go on to the next step only after the earlier step has been mastered by the child. Follow this procedure for each of the activities.

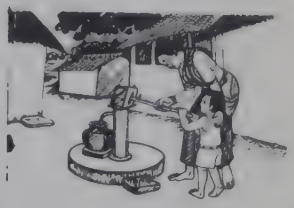
GUIDELINES FOR CHOOSING ACTIVITIES FOR A RETARDED CHILD.

Mental Development	Suitable developmental goals	Type of Training
	* Recognising familiar people * Walking	Provide sensory stimulation by exposure to different colours, different smells, different sounds and different textures.
0–2 yrs.	Talking a few words * Does not drooll saliva * Can follow simple instructions * Can drink from a glass unassisted. * Can drink from a glass * Can differentiate between edible substances.	If weakness of limbs present, massage the limbs and use a wooden cart for walking. Give physical exercise.
2-4 yrs.	* Recognising and identifying simple objects. * Can chew his food / help himself in eating / dressing / bathing. * Attains control over bowel and bladder functions * Can avoid dangers eg. fire.	Follow general guidelines of training and train in different activities by breaking each activity into simple steps and repetition.
4-7 yrs	* Can bathe and dress himself * Starts playing with other children. * Can read and write a few words * Can do simple counting	Follow general guidelines of training and train in different activities by breaking each activity into simple steps and repetition.

6. **Repeat** the same activity every day for 2-3 weeks

7 Perform each **activity with the child** rather than instructing him to do it on his own

8 Each activity can be **taught as a game.**



9 **Reward** the child with a sweet or praise him everytime he performs the desired activity.

10. **Follow up** these children at least once a month.

If epilepsy and other medical conditions are associated with the retardation, the child would need medication in addition to the training.

In certain states (like Karnataka, Andhra Pradesh, Kerala, Punjab) financial aid from the government is available for severely retarded individuals who belong to poor families. □

REMEMBER

* *Home is the best place for a mentally retarded child.*
* *You can help him make the best use of his capacity by your regular advice, assistance and guidance.*

Chapter – 9

Alcohol and Drug Dependence *

THROUGHOUT the history of mankind individuals and societies have used intoxicating or mind altering substances in one form or other. These drugs are used to alter people's thoughts, emotions, sleep, appetite, sexual functioning, social interaction, relieve pain, tension and other aspects of behaviour. However, the current levels of use in terms of the range of drugs, the amount of use and the numbers of persons using is alarming. In most countries including India, alcohol and drug dependence is becoming a major public health problem. It is important that urgent steps taken at the community level to prevent this problem. This chapter will outline information on the commonly used drugs, their effects, early recognition, treatment and prevention. The commonly abused drugs in India are alcohol, opimum and cannabis (ganja, bhang, hashish).

Durg dependence

A person is said to be drug dependent when the individual is dependent on any of the above drugs i.e. it becomes very difficult or even impossible for the individual to stop taking the drug. Usually this dependence occurs after long period of regular use. This dependence can be in the form of craving /desire (Psychological) or physical. In physical depedence the user develops withdrawal symptoms on stopping the drug. For example, a person dependent on alcohol, on stopping the drug experiences sleeplessness, irritability, trembling hands, fears, confusion or even fits. Similarly an opium user on stopping experiences severe pain in the muscles, stomach cramps, vomiting, diarrhoea, sweating and sleeplessness. Among the regular users, one of the reasons for continuing to take the drug is the avoidance of painful withdrawal experiences. It is often the situation that initially a person starts using drugs for company, for pleasure, to avoid pain or as an act of rebellion and slowly becomes dependent on the drugs.

---

* This chapter has been an adaptation of WHO Manual ***Drug Dependence and Alcohol Related problems – A manual for Community Health Workers with guidelines for Trainers,*** WHO-Geneva, 1986.

Problems caused by drugs

The problems caused by regular use of alcohol and drugs involve the areas of health, behaviour, family, work, finances and the law.

It is well known that regular users of drugs like alcohol experiences illnesses more than others, their food intake is often inadequate resulting in vitamin deficiencies and other disorders. Other common health problems involve the lungs, liver, stomach, heart and kidney. Traffic accidents, falls, burns and work related accidents are more, those dependent drugs, especially alcohol.

Drug abuse frequently causes emotional and psychological problems. Memory may be poor, personality changes can occur and in some psychosis *(Chapter–5)* can be seen.

The health and psychological problems affect the family. These families have more tensions, fights and more problems in marriage (divorce, separation), parent child problems and delinquency in children.

Drug and alcohol abuse also results in problems at the social level. There are more legal problems in this group.

Risk Groups : It is important to remember that **anyone can develop a drug or alcohol problem.** This problem is known to occur in all types of families, with any educational background, among rich and poor, in all age groups, different occupations and different communities.

Some of the groups at greater risk are : Young and middle-aged men, children and family members of persons who misuse drugs, some social groups like heavy manual labourers, migrants, and social groups experiencing rapid and intense social changes, persons who live alone, away from their families.

Identification of persons with drug abuse

The best way of identification of persons in your community with drug problems is to have a high degree of awareness (suspicion) and ask routinely about drug and alcohol problems as part of routine work. It is best to ask about use pattern' than look for total dependence. Some of the questions that can be used for initial identification are :

– tell me about your use of alcohol or other drugs in the last one week ?

– do many people in your situation use drugs in order to cope with problems ?

– It is quite common nowadays to drink, how often and how much you take alcohol ?

These lead questions can allow a free and open discussion which would allow for assessment of the problem and early identification of individuals with problems. It is also important to convey during the interview that the information provided would be confidential and would be used for the purpose of helping the individual. Following these questions ask about type of drugs, amount, frequency, duration, pattern of use and its effect on health, work and family. Enquire what happens if the drug is not taken. It is also important to know past attempts to control the use of drug as well as the reaction of the family members. During the interaction with the individual and the family, convey your interest in helping them and be totally non-judgemental.

Helping the Individual and the Family

The goal of treatment is to help the individual live a normal life without the drugs. This would include the acute phase of withdrawal when medical help is needed, the phase of readjustment to normal life and rehabilitation.

The first step in the direction is to help the individual and family to accept the problem. The next step is to seek **assistance** from the nearest health facility. You as a community level worker can be of great help by being **available** and helping them to **accommodate** to changes and finding **alternatives.**

Drug dependence requires action at various levels from the individual to the Community. The health worker has a key role as he is continuously in contact with the community and knows the strengths of the Community.

One of the easiest way to help ill persons is to recognise the problem early and advice the individual and family to take help. Many individuals with drug problem need to be helped to understand that they can lead an alternate life without the drugs. It can often happen that it is the health worker who is the first person to listen to the problem without considering him a 'bad' person. Health worker can help the patient to express his feelings clarify doubts and focus on the problem areas. He can further help the patient to consider alternative ways of resolving the problem(s). It would also be helpful to increase cohesiveness of the family to handle the problem. Another important step is to motivate the individual to take professional help.

It is important that in all your dealings be honest, clear and straightforward.

Educating the Community about the potential harmfulness of drugs is an important activity. Such education should occur as part of the general health training Similarly, the health workers must work with local change agents to bring about pub-

lic opinion against use of drugs. Another way help can be organised at the local level is by self-help groups of ill persons and their families.

Alcohol and drugs related problems are often difficult to solve. However health workers are in a good position to help / deal with the problem. Education, Counselling, referral and follow-up can be carried out by the health worker along with other health activities. □

Chapter – 10

Mental Health Skills in Primary Health Care

IN the preceding chapters, the manual covers many aspects related to methods of understanding behaviour, abnormalities of behaviour, the different types of mental illnesses and their care.

This chapter deals with mental health skills which enhance the effectiveness of the health worker in a variety of ways. One of the common observations is that the general public do not understand new ideas and they are often resistant to change. To a large extent, much of the health worker's job involves sharing of new knowledge and facilitate changes in the life styles. It is understandable that this area meets with the greatest amount of 'resistance' either in the care of tuberculosis, malaria, leprosy, nutrition, immunisation or family planning.

The way we dress, eat, rest and interact with others is largely a result of our experiences and our knowledge. This may be the common belief of the people in the community or a result of fear of the unknown. It is also noted that the group has an important role in how the individual functions especially in the traditional, rural small communities.

Health worker can use the following **skills** to facilitate the acceptance of new ideas by the general public.

1. Acceptance of the beliefs of the people

Every community has rich experience about different aspects of life. This is essentially the result of observations of the past. A good point to begin is to accept the existence of the different ways of understanding of phenomenon. This respect for the existing values and beliefs would allow you to plan your health education strategies.

A simple technique to understand what people think about a topic is to ask them, "You have seen people getting fever/fits/cough/diarrhoea. What do you think is the reason ?" Allow them to narrate in their own words without too many interruptions.

2. Interest in individuals

Any activity carried out with interest is likely to give better results. Health workers visit families regularly for various health activities. However, we often tempt to look

at people as persons with problems rather than individuals. It would be helpful to know their names their family situation, their individual interests, and relate to them against these background rather than in general terms. This especially relevant when sharing information about family planning, immunisation and nutrition related services.

3. Listening with interest

One of the important skills that will give the health worker valuable results is to learn the art of listening. Every one would like to relate their own personal feelings and ideas, if provided an adequate opportunity. Health worker can provide adequate privacy and give time so that the other person can share his feelings and ideas. Active listening requires that we respect the person's views even if you do not agree with them. Another aspect of active listening is to refer to earlier conversations and discussions.

4. Use of silence

At times when you provide new information especially in the areas of family planning, nutrition, immunisation, use of alcohol and other drugs and sanitation, people may not respond to the health worker. At these times it is natural to react with irritation. However, it is important to recognise that silence indicates that the person either has not understood the message or it is not acceptable as has been presented. Respect silence of the public and look for an alternative opportunity to give the same information in a different way. Never tell them they are disinterested as the information you are giving is to their advantage and they will accept it when they feel it is to their benefit.

5. Encouraging emotional expression

Health work necessarily brings a health worker into situations of intense emotional experience. It may be situations of illness, accident, death or consequences of the treatment, when the individual can appear to be emotionally very upset. It is common for people to say : "don't behave like a child, come on, be an adult," which indicates to the individual that he should not express his feelings in front of the health worker. This is not appropriate because unless the health worker can encourage emotional expression, change cannot occur. The health worker can encourage expression by asking about the feelings of the individual, the way a situation has altered their life style or what they feel about the thoughts that are occurring to them. Even if this irritates them, evokes anger, crying or accusing people in authority it would be helpful as long as the health worker does not take an attitude of judgement. Often having expressed sudden emotions people are willing to consider the alternatives.

6. Recognition of the needs of the ill person

Illness necessarily means the individual would be functioning at a lower level. He would be wanting more attention, more love and affection. He is also more likely to have a lot of complaints and expresses dis-satisfaction with the family and other significant individuals. Such expression does not mean that the individual is finding fault with others and should not be responded to any judgemental manner. In such situations the health worker can respond by saying it is understandable to feel this way when having an illness. In addition, it can also be said that to have such feelings is normal similiar to most people feeling depressed when a family member dies.

7. Reassurance

Any new activity or a new situation means uncertainty about the situation. It is natural for everyone to expect support during this period. Reassurance from someone who knows what is happening and someone whom they can trust can be valuable to get over a crisi situation. Health worker should always reassure those aspects that they feel they can be managed at their level like the lack of harmful effects of medicines or the blood test of Malaria, taking an x-ray or taking medicines for treatment of TB, or leprosy. However, **it is best to avoid reassurance in situations beyond the capacity of the health worker.**

9. Non judgemental attitude

One of the most important skills that can be of great value to the health worker is to develop this capacity. Such health workers are easily approached by the public and every one feels comfortable with them. This is because they do not take a quick decision as well as tell the person that they are right or wrong. As a health worker you are there to assist them to achieve a higher level of helath. This does not mean your finding fault with those who may feel differently. At no point should health worker refer to the public as unintelligent, illiterate, dumb, unchangeable, useless, but it is better to say that there is need for more effort to bring about changes by your own efforts.

10. Group involvement

Often individual behaviour is a reflection of the feelings, beliefs, and practices of a group/community. In a number of situations, health workers would be able to bring about changes by group level discussions as well as bringing about the group level awareness about the health aspects. Such an approach is specially relevant in sanitation, waste disposal, family planning, control of drug abuse and small family norms. To achieve this the focus must be more on the key illness as well as the

organising activities to increase the awareness in the total community rather than in any one individual, through exhibitions, fairs, dramas, etc. Once the group accepted the idea, individuals feel less threatened to adopt it in their own life style. The above said mental health skills essentially do not talk about the content of information that you would be sharing with the general public, but the way it can be shared for the best results. Such an approach would make your responsibility more enjoyable as it occurs in a situation of interpersonal satisfaction. Another advantage of this is that the change brought about by these methods are more long lasting.

□

Chapter – 11

Responsibility of a Health Worker

NOW you know that there are several mentally ill and disabled in the community. Most of them do not get any meaningful treatment, with the result that they as well as their family members suffer. You will come in contact with them, while carrying out your routine health care activities. If you can assist in delivering mental health care to those in need of them, most of them can improve and become useful members in their families and community. **Along with your regular health care responsibilities, you can do the following :**

I. Identify all the persons with mental illness and epilepsy in the population covered by you.

II. Provide first aid in emergencies.

III. Refer the identified patients to the PHC/PHU doctor.

IV. Follow up these patients regularly.

V. Educate the family and community in-taking care of these patients.

I. Identification of patients in the community

You will already know of some patients in the villages you work. You are likely to see some of them in future during your work. In addition, you must actively enquire about similar patients who may not be known to you. This can be done in the following ways :

(i) When you go to a village for your routine work, talk to important people like village panchayat members, local leaders, teachers, educated youth, members of service agencies like anganwadi, mahila mandals, youth clubs and shop keepers or hotel owners. Request them to tell you about individuals.

1. ***Who talk nonsense and act in a strange manner considered abnormal ?***

2. ***Who has become very quite and does not talk or mix with people ?***

3. ***Who claim to hear voices or see things others cannot hear or see ?***

4. ***Who are very suspicious and claim that some people are trying to harm them ?***

5. ***Who have become unusually cheerful, crack jokes and say that they are very wealthy, and superior to others when it is not really so ?***

6. ***Who have become very sad lately, and cry without reason ?***

7. ***Who talk about suicide or has made an attempt at suicide ?***

8. ***Who get possessed by God or spirit or who is said to be the victim of black magic or evil power ?***

9. ***Who suffer from fits or loss of consciousness and fall down ?***

10. ***Who are dull, not mentally grown up like others of their age and slow since birth ?***

11. ***Who takes drugs like alcohol, opium, ganja, regularly or excessively ?***

Tell them that these conditions can be helped and now such help is available at nearby PHU or PHC. Request them to refer such patients to you or to the hospital. Everytime, you meet them, you remind them to do this.

(ii) When you visit homes, enquire about people who are suffering from mental illnesses. Ask the above questions tactfully without offending members and obtain information about the existence of a patient in that family, neighbourhood or among their relatives.

(iii) When you go to a school, to carryout immunisation and other school health programmes, enquire from the teachers and students about children who get fits, who have behavioural or learning problems. Identify them, get details and refer them to doctor.

(iv) When you carry out immunisation of the children in the village, enquire from mothers about children who have limited mental abilities and have poor development. Thus you can identify easily mentally retarded children.

(v) When you do the follow up of persons, who have undergone family planning operations, look for those who have multiple bodily symptoms and who feel very unhappy. These can be due to emotional problems. You can identify depressive illness in this manner.

As noted above you can identify mental patients during your routine work with little

extra effort and be sensitive to those who contact you for other problems. When you identify a patient, do the following :

(1) Talk to the family members and encourage the patient and family members to give a detailed account of the symptoms, their duration and severity. Get details about patient's talk and behaviour and how it has affected others in the family and community.

(2) Find out, how the illness started – whether sudden or gradual ? Was there any precipitating event like fever, fits, head injury, quarrel, loss or any other problems ? Find out the duration of the illness ?

(3) Check specifically whether the following symptoms are present ?

a) Sleep disturbance
b) Poor appetite/irregular food intake
c) Not doing any work.
d) Not attending/maintaining personal hygiene
e) Disturbed relationship with family members and others
f) Exhibiting behaviour which is harmful or troublesome to others – like being abusive, assaultive, suicidal or homicidal.
g) Any bizarre or socially unacceptable behaviour like undressing in public, collecting rubbish or wandering away from home.

(4) What has the family members done ? What treatment has been given and what is the result ? What do they think about the illness and the patient ?

Fill up the simple 'Record and Follow up' form.

Identify whether the patient is suffering from epilepsy, psychosis or mental retardation. Decide whether it is an emergency or not (details of the type of problems which should be referred immediately to the doctor are given later on in this chapter).

Presentation of Mentally Ill

Mentally ill people can present in the following ways :

1. Excited
2. Dull and withdrawn
3. Suspicious
4. Confused
5. Apparently normal

EXCITED PATIENT

What can you do when you see an excited,restless patient ?

1. Advise others not to talk or behave in a way that irritates or provokes the patient. Keep away individuals whom the patient does not like.

2. Do not confront (argue, scold) the patient or provoke him.

3. Try to gain his confidence by enquiring 'what are your problems ? Why are you so angry ? Who are troubling you ? I am here to help you.'

4. When he calms down, see that he takes some fluids and food.

5. Try to convince him that he needs some medicines and it is better if he can see the doctor.

WITHDRAWN PATIENT

When you see a patient who is dull and withdrawn :

1. Take time to talk to the patient
2. Persue him to eat something
3. Find out whether he feels like ending his life ?
4. Convince him to take treatment from the health centre and take medicines.

SUSPICIOUS PATIENT

You must be careful when you have to approach a suspicious patient who does not trust any one.

1. Be fair and honest. Do not tell lies or hide information.
2. Do not question his beliefs or suspicions. Do not tell that his beliefs are wrong, baseless or false.
3. Allow him to talk about his suspicions. Collect more information. Do not pass any judgement.
4. Draw his attention towards his other problems like sleeplessness, decreased appetite etc. and convince him to see the doctor and take medicines.

PATIENT WITH CONFUSION

Confused persons do not recognise others, make errors in calculations and have poor memory.

1 Find out whether he had jerky movements (fits) of the limbs. It could be following epilepsy.

2. Find out whether he is a known case of diabetes or high blood pressure.
3. Enquire whether he has had a recent head injury or has consumed alcohol.
4. Tactfully find out whether he has consumed some drugs with an intention to commit suicide.
5. Examine to see if he is having high fever

All confused patients should be referred to the health centre as soon as possible. It is better to avoid giving anything to the patient by mouth (to drink/eat). Presence of strangers, and unwanted disturbances around the patient are also better avoided.

II. First Aid

First aid in psychiatric emergencies :

You may be in situations where patients will be in need of urgent help but the PHC doctor is too far away or not available. Under these circumstances, you must offer immediate help. The following are the circumstances in which you can offer help.

When you see a voilent or very excited patient :

1. Keep some distance from the patient and try to find out from him the reasons for his anger and who are troubling him.
2. Take the help of a person in whom the patient has confidence.

REMEMBER

* *Do not over promise the patient or his people*
* *Do not say that you will do everything. Do not make all the decisions for the patient's family.*
* *Do not criticise others. Do not blame anybody.*
* *See that family members make the important decisions.*
* *If you are a male, do not interview a female patient alone.*
* *See that they develop confidence in their abilities. Do not make people totally dependent on you.*
* *Reassure that you would do your best to help them. Let them not think that you are-superman super woman.*
* *Avoid half hearted attempts. Hard work gives good results.*

3. If the patient is not in a position to listen to you, throw a blanket on the patient and hold him with the help of others. Take him immediately to the hospital.
4. Do not use thread, rope or chain to restrain him. If necessary, use only a towel or long cloth to tie his hands.

Suicidal patient

Whenever a patient threatens that he wants to kill himself, take his words seriously. See to it that someone is always with the patient till he is taken to a doctor.

1. Find out the problem which made the patient to decide to commit suicide.
2. Talk to the patient so that he considers you as a well wisher. Tell the patient that you will assist him/her to solve the problems.
3. Listen to the patient with sympathy and encourage him/her to talk about the problems in detail.
4. Take the patient to the doctor yourself or refer him to the doctor immediately, along with a relative.

Patient with continuous fits

Sometimes, patients, usually children, get fits continuously, one after the other and in between they remain in unconscious. This is an emergency and fits have to be stopped immediately otherwise it can lead to brain damage or even death. Therefore if a child/person gets a second fit a few minutes after the fit, **arrange for doctor's help immediately.**

III. Referral

Following the identification of the patient and giving first aid whenever necessary, you will refer the patient to PHC as early as possible. Find out the leader of the family who can take decisions and entrust the responsibility of the patient to this person. You can accompany the patient to the hospital when possible. ***Send a referral note to the doctor giving details that you have noted*** (**Annex 1 & 2**) Provide all details of the place of treatment, to the family like name of the place, and the person to be contacted and working hours of the centre.

During your next visit to that family, find out whether they consulted the doctor. If they have not done it, find out the reasons and encourage them to do so.

Refer the patient immediately to the doctor in following conditions :

1. Patient is severely ill, violent or unmanagable at home.
2. There is history of recent head injury.
3. Patient has fever, severe headache, vomiting or fits.
4. Patient has attempted suicide and is still threatening to commit suicide.
5. Patient is getting fits repeatedly (more than 3 times a day or continuously)
6. Disturbed behaviour has occurred following child birth.
7. Disturbed behaviour occuring for the first time, after the age of 40 years.
8. Disturbed behaviour in persons with known diabetes or high blood pressure.
9. Persons who show abnormal behaviour after taking alcohol.-

IV. Follow up

As part of the total management patient will be examined by the doctor. The nature of the illness is diagnosed and treatment is started. Due to any reason if the patient discontinues the treatment, all your efforts and the efforts of the doctor and family members become fruitless. Therefore,during every visit you should meet the patient and the family members and enquire :

1. Whether the patient is taking medicines regularly as prescribed ?
2. How much improvement has he made ?
3. Has he developed any side effects with drug use ?
4. Whether the patient has started working again ?
5. Whether the patient has seen the doctor for follow up and review ?

Collect the above information in these areas. The following section deals with handling of problems that can come up during follow up.

Side Effects

Different types of drugs are used for the treatment of mental illnesses. Sometimes these can have side-effects which are unpleasant to the patient and he may give up the drugs. You already know about the kind of side effects these drugs are likely to produce. First thing to do is to reassure the patient if the side effects are mild. However, remember to refer him to the doctor immediately if they are severe. **All changes in the drug dosage should be carried out by the doctor.**

Drugs given to the mentally ill can have **mild side effects** which are temporary ; examples of this are, dryness of mouth, light headed feelings and constipation. When the patient compains of the above, reassure him that it is temporary. Dryness of mouth can be helped by taking more water or keeping a piece of lemon in the mouth.

However, **severe side effects** can also occur Examples of these are continuous lightheadedness, unsteadiness, stiffness of limbs, limbs getting pulled in different directions, twitchings of tongue, mouth, neck or hands and legs. At times he can have unclear speech, drooling of saliva. **If any of the above are present send the patient to the doctor immediately.**

Another problem is **drowsiness.** When a patient is very excited he is put on higher doses of drugs. But as he gets better he needs lesser doses and if the dosage is not reduced, he can have drowsiness. However the drugs should not be stopped. The patient should be taken to the doctor to reduce the medications suitably.

Patients who are **very sad and depressed** are given drugs which must not be stopped suddenly. If they are stopped suddenly they will get back the symptoms. These drugs should always be stopped gradually over few weeks. These drugs take time to show the effects. Usually, patients report improvement after 10-14 days of starting the drugs.

An epileptic patient is given drugs which can have the following side effects. Excessive sleep or unsteadiness and slurring of speech. Ask him to see the doctor immediately.

When a patient either very ill or unmanagable, one member of the household should be made responsible for giving the drugs to the patient. A neighbour or any other person in the village who is acceptable to the patient, could also be given the responsibility.

REMEMBER

* *Tell the patient to take drugs as prescribed by the doctor.*
* *He should not make any changes in the dose without consulting the doctor.*
* *If he has any difficulty or doubt regarding the drugs, he should consult the doctor.*

If the family is taking less interest in treating the patient, or family has faith in other kinds of indigenous methods of treatments, talk to them repeatedly to convince them to give modern treatment to the patient. Do not ridicule or oppose them when they have faith in other kinds of healers. Request them to take both forms of treatments.

Distance, financial difficulties and absence of a family member to accompany the patient to the health centre are also reasons for not starting the patient on treatment. You can solve these problems by mobilising other help like another patient from the same village. In some cases, collect drugs from the doctor and deliver to the patient.

An improved patient is the best example for others. Utilize improved patients to demonstrate the value of modern treatment to other patients and the general public.

Enter the follow up findings in the follow up form. Make note of the reasons why a patient is not on follow up. Consult the doctor and do your best to make the patient to be regular in taking treatment.

Mental health education

It is very important to educate patients, their family members, neighbours and others about the causes, management, prevention and rehabilitation of mental illness. If people are not properly educated, they will not make use of the available services.

Initially educate the family members and neighbours of the patient.

1. **Enquire regarding their present belief and attitudes about the illness.** Provide them the correct information. Patiently listen to their doubts and experiences. Carefully answer them and convince them about your explanations. If you do not know the answer take help from the doctor.

2. **Show them how best they can look after the patient.** When the patient is on drugs and the symptoms are subsiding, draw their attention to the beneficial effects and encourage them to give drugs regularly.

3. **When the patient develops side effects, they get concerned.** They may feel that the drugs are dangerous. Tell them that almost all drugs produce side effects. Eg: Aspirin tablets produce burning sensation in the stomach. Antihistamin drugs (given for allergy) produce drowsiness. Therefore they should not reduce or stop drugs without consulting the doctor.

4. **Tell them that ghosts, witchcraft or *Bhanamathi* have nothing to do with mental illness or epilepsy.** Do not argue or confront with people. Do not make fun of them. Do not get angry. Persuade them to try modern medicines and consult the doctor. Initially let them offer prayers and go to temples but tell them to give drugs too. These beliefs are there since ages and cannot disappear in a short period.

5. In beginning, at least a few patients will listen to your advice. **Do everything to make them better.** When they start improving, talk about such improvement whenever and wherever possible to educate the general public.

Let people discuss about the improvement and spread the new hope for mentally ill. Use all methods to increase the awareness of people, like:(i) lectures, (ii) small group discussions, (iii) putting charts/posters in public places, (iv) songs, (v) dramas (vi) exhibitions. Carry out all these along with other health education activities.

As part of your routine work, you can carry out the mental health care as follows :

A. When you go to school

i) Put some handwritten posters about epilepsy.
ii) Give a talk on epilepsy to the children and ask them to bring anybody with epilepsy to the hospital.
iii) Talk to the teachers about epilepsy and backwardness in studies.

B. When you visit houses for child-care programme

i) Highlight the importance of giving nutritious food (protein rich) to the child to prevent mental retardation.
ii) Discuss the importance of sensory stimulation to the child.
iii) Discuss the relationship between fever and fits and advice them what they should do.
iv) Emphasise the importance of immunization to prevent severe infectious diseases which can also cause mental retardation.

C. When you provide health care to pregnant mothers

i) Tell them about nutrition; ask them to avoid alcohol to prevent giving birth to a retarded child.

ii) If the previous delivery was complicated, advice her to deliver the baby this time in the hospital only.

iii) Advice them to avoid having children before 21 years of age or after 35 years.

D. ***When you arrange discussions/meetings*** *under family welfare programme, talk about mental illnesses and epilepsy. Tell them that they are treatable conditions and treatment is available at nearest helath facility : Primary Health Centre (PHC), Primary Health Unit (PHU), dispensary or hospital.* □

Questions about mental illnesses

Following are some of the common questions asked by the public about the mental illnesses. You can also use these questions as points to build up your health talk. The answers are guidlines for you to develop according to the local needs. **It is important that in providing new information you will avoid giving the new ideas in a matter of fact manner and be patient and make enough time to clarify the doubts and fears.**

Q.1. Are mental illness hereditary ?

Ans : Children of mentally ill persons do not necessarily become mentally ill. Children of most patients remain healthy and lead a normal life.

Q.2. Is mental illness Contagious ? By living with the patient, do others become ill ?

Ans : Mental illnesses are not contagious and do not spread from one person to other.

Q.3. Do ghosts, black magic, evil powers or God's curse cause mental illness ?

Ans : In olden days people did not know that changes in the brain are the cause of mental illnesses, they believed that ghosts, black magic, evil powers are responsible for the illnesses. Similarly in older days diseases like cholera, malaria, and small-pox were believed to be caused by these supernatural powers. Today we know that there are other causes for these diseases. Changes and diseases of the brain, severe stress and strains in the family-social environment can cause mental illnesses.

Q.4 Does masturbation, night discharge, loss of semen cause mental illnesses ?

Ans : Masturbation and night discharge are normal events in our sexual life They are harmless. Loss of semen does not cause any weakness or bad effects.

Q.5. Does drinking alcohol cause mental illness ?

Ans : Alcohol is harmful to the brain cells. Taking alcohol regularly for long periods leads to various types of severe mental illnesses.

Q.6. Is mental illness treatable ? Do drugs help ?

Ans : Drugs are an important way of treating mental illnesses. Mental illnesses are treatable. Drugs when taken, set right the imbalances in the brain and symptoms become less and disappear. Like physical illnesses, mental illnesses respond to treatment.

Q.7. Is it always necessary to admit mental patients to a mental hospital ?

Ans : It is not necessary. Mentally ill persons can take medicines at home and with the help of family members can recover fast. In some cases admission into a mental hospital can delay recovery. Therefore managing the patient in his own home/village is the best. In some cases mental hospital is useful when the person has special needs like treatment of associated physical problems, for special treatments or for rehabilitation.

Q.8. Can marriage cure mental illnesses ?

Ans : A mentally ill person can get worse if he gets married when he is ill. Marriage can become an additional stress. A patient who has recovered can get married and live a normal life like any other person.

Q.9 Can improved patients take responsibilities, like working ?

Ans : Mentally ill persons can work and take responsibilities. When they are ill somebody has to supervise him. After recovery he can lead a life, like any other person. Only a few patients have to work under supervision.

II. About Epilepsy (Fits)

Q.1. Are 'fits' contageous ?

Ans : They are not contageous. By seeing a fit or by touching the forth, one does not get a fit.

Q.2. Are fits caused by evil spirits entering the body ?

Ans : Fits are the result of abnormal electrical activities in the brain.

Q.3. Does branding cure or stop the fits ?

Ans : Branding does not help. It causes a lot of pain and suffering to the patient.

Q.4. Are there drugs for treatment of fits ?

Ans : Very effective drugs are available. Patient has to take them regularly as told by the doctor. Fits are controllable and curable.

Q.5. Should we go to a specialist to get this treatment ?

Ans : It is not always necessary. Majority of the patients can be treated by the doctor at the nearest health centre.

Q.6. What should we do when we see a person getting a fit ? Does placing an iron-object in the hand stop the fit ?

Ans : You can help a person with a fit as follows :

Turn the patient to a side so that mouth secretions will not choke him to death. Make some space for the patient and remove harmful objects near him. Do not place any hard object between his teeth. Do not hold his limbs. As soon as the movement stops, see that he starts breathing.

Keeping an iron object in hand does not help in any way. Always advice patient to take medical help without delay.

Q.7. Can the patient work ? Can a child with fits go to the school ?

Ans : Persons with epilepsy should live like other people. children should go to school. Once fits are controlled with drugs they can work like everybody. Initially they should not work near fire, water, moving machinery or drive any vehicle.

Q.8. Should we give special kind of diet to the patient ? Are there any food restrictions ?

Ans : Patients can eat what they like. There are no special diets for persons with fits.

Q.9. Can the patient marry ? Can he/she have children ?

Ans : If fits are controlled, patient can marry and have children. Women should seek the advice of their doctor when taking drugs before having a child.

III. About mental retardation

Q.1. Why are some children retarded ? Are parents responsible ? Is it their fate or bad luck ?

Ans : Poor development of the brain or damage to the brain results in mental retardation, 2-3 out of 100 children are retarded. It is a medical problem and not due to fate, ones misdeeds or bad luck.

Q.2. Are there medicines – tablets/tonics/injections or operation or other treatment methods to 'cure' mental retardation ?

Ans : Medicines do not help to make a retarded person to become normal. There is no treatment method which can make the brain grow again. If there are associated problems like fits drugs will be useful

Q.3. Is it possible to make the child better ?

Ans : It is possible to improve the retarded child. By training and making them learn various skills, they can function better.

Q.4. Can he become independent ? Can he look after himself ?

Ans : This depends on how you train him and how he learns. Our goal should be to make him as independent as possible. It also depends on the degree of damage to the brain.

Q.5. Does marriage cure mental retardation ?

Ans : Marriage is not a cure for mental retardation. Moderate to severely retarded persons cannot take the responsibilities of marital life. □

A FEW SLOGANS

* MENTAL ILLNESS IS TREATABLE.

* CHANGES IN THE BRAIN AND UNHEALTHY ENVIRONMENT ARE CAUSES OF MENTAL ILLNESS.

* MENTALLY ILL NEED DRUGS, LOVE AND SUPPORT.

* A PATIENT WHO WORKS, RECOVERS FAST.

* A PILL A DAY, KEEPS EPILEPSY AWAY.

* A MENTALLY RETARDED CHILD IMPROVES WITH TRAINING, BUT SLOWLY.

GIVE YOUR CHILD

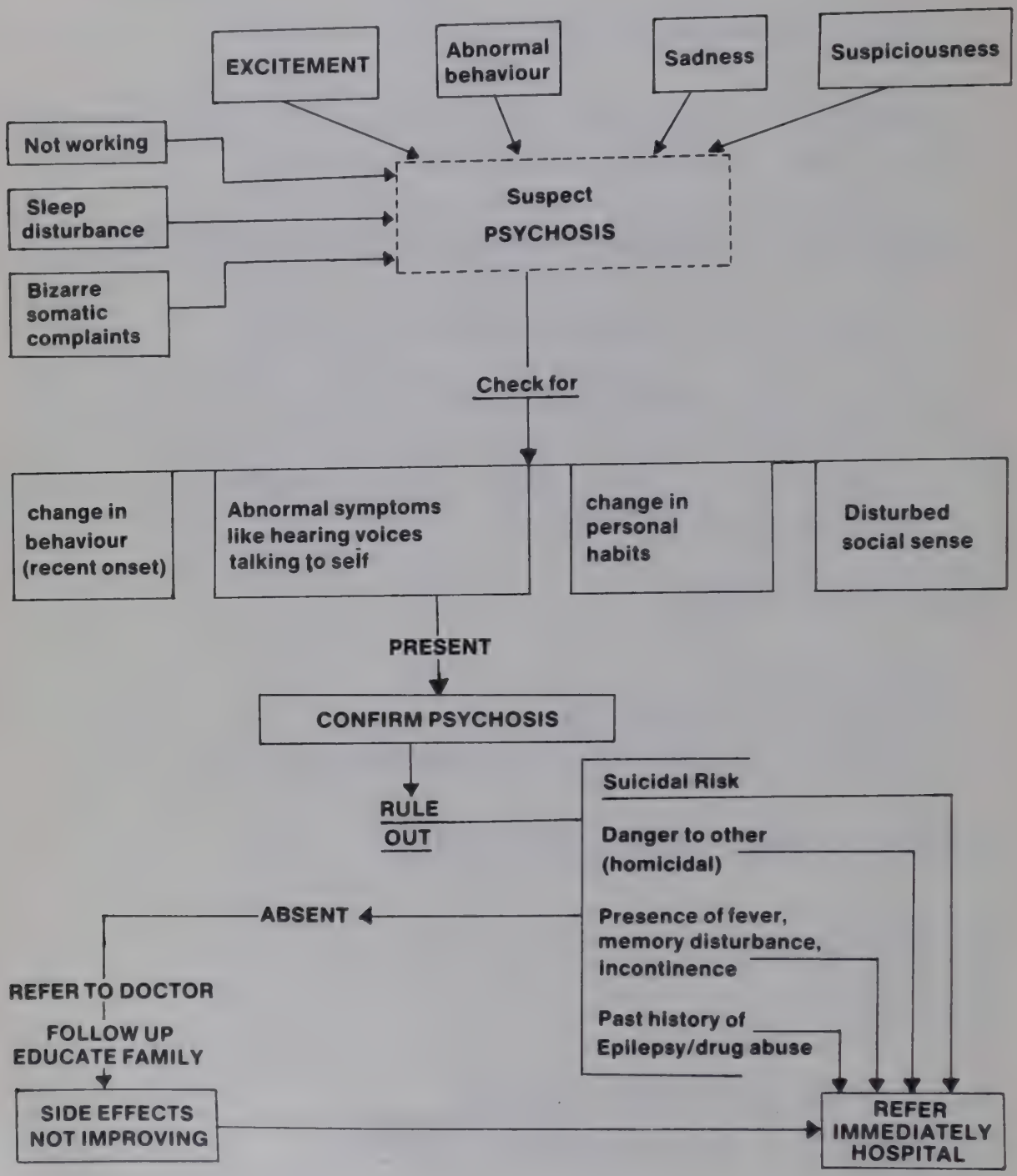
* GOOD FOOD
* LOVE AND AFFECTION
* EDUCATION & WATCH HIM GROW HEALTHY.

HAPPY HOME – HEALTHY CHILD

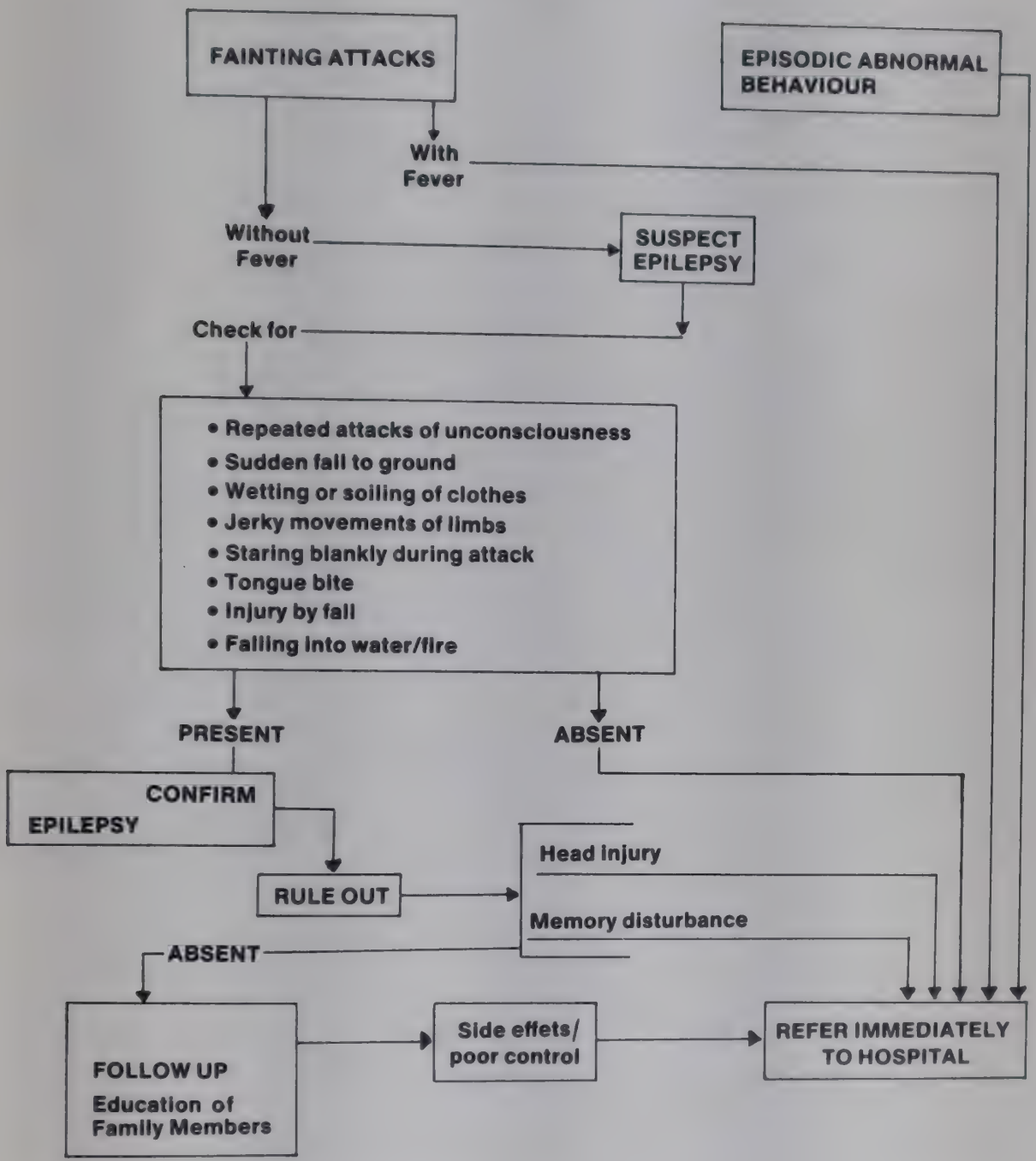
NO SLEEP ?
NO APPETITE ?
FEEL SAD ?
FEEL LIKE ENDING YOUR LIFE ?

You may be Depressed.
CONSULT YOUR DOCTOR.

MANAGEMENT OUTLINE FOR PSYCHOSIS :



MANAGEMENT OUTLINE FOR EPILEPSY



Modified from Wig N.N. and Srinivasa Murthy R (1981)

Notes

MANUAL OF MENTAL HEALTH FOR MULTIPURPOSE WORKERS

Published by
ICMR Centre for Advanced Research on Community Mental Health
NIMHANS, Bangalore-560 029